## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P93000045675

1. Entity Name

r 1LED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90020 009 \*\*\*150.00

Principal Place of	Business	Mailing Address 395 ALHAMBRA CIRCLE STE 301 CORAL GABLES FL 33134				
20335 W. COUNT UNIT 2201 NORTH MIAMI BE						
		3. Mailing Address				
2. Principal Place	of Business	3. Mailing Address				
2. Principal Place Suite, Apt. #, e		3. Mailing Address  Suite, Apt. #, etc.				
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2. Principal Place of Business  Suite, Apt. #, etc.		;	3. Mailing Address					TIII GOILE EX	YOU BUILD MINN		
		Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS SPACE					
City & State					<b>4.</b> F	4. FEI Number 58-2244233 Applied Not Ap					
Zip	Country	Zip Country		try	5. (	Certificate of Status Desired		8.75 Add			
	6. Name and Address	of Current Rec	istered Agent	*		7. N	lame and Address of New Regis	tered Ag	ent	*.	
LOOFZ CARCIA LODGE L					Name :	<i>e</i> .	er e ve	•			
LOPEZ-GARCIA, JORGE L 395 ALHAMBRA CIRCLE., STE 301					Street Address (P.O. Box Number is Not Acceptable)						
	GABLES FL 33134									•	
•					City FL Zip Code						
8. The above	= 5, e ritamed entity submits this s	tatement for the	e purpose of changing its	reaistere	ed office or r	eaistered aa	ent, or both, in the State of Florida	,	1		
	•			·							
SIGNATURE .							ı				
	Signature, typed or printed name of re	gistered agent and t	tle if applicable. (NOT	E: Registered	d Agent signature	required when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!  After May 1, 200  Make Check Payable			02 Fee	will be \$55	0.00	10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees					
11.	OFFICERS AND DIRECTORS					AD	DITIONS/CHANGES TO OFFICER	RS AND D	IRECTOR	S IN 11	
TITLE	PDT		☐ Delete	TITLE			,	[	Change	☐ Addition	
NAME	REET ADDRESS 20335 W. COUNTRY CLUB DR., #UNIT 2201										
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
TITLE	VPS		☐ Delete	TITLE				[	Change	Addition-	
NAME	BATALLA, JULIAN A		_	NAM							
STREET ADDRESS CITY-ST-ZIP	20335 W. COUNTRY C NORTH MIAMI BEACH		JNIT 2201		ET ADDRESS ST-ZIP						
TITLE	NORTH MIAMI BEACH	FL 33 160	Delete	TITLE	+		**************************************		Change	☐ Addition	
NAME	مسيد د سيسم	<u>-</u>		NAME	_l.		and the second s	-	0,go	-01,42011011	
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP				CITY	ST-ZIP						
TITLE			☐ Delete	TITLE		•			Change	☐ Addition	
NAME				NAME							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				_	ST-ZIP		<u> </u>			·	
TITLE	. ,		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME Street Address				NAME	T ADDRESS					•	
CITY-ST-ZIP					ST-ZIP						
TITLE		<u> </u>	☐ Delete	TITLE					Change	Addition	
NAME			L_1 Delete	NAME			•	L	□ cuan∂s	Addition }	
STREET ADDRESS					T ADDRESS						

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP