

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90266 021 ***150.00

DOCUMENT # **P98000073966**

1. Entity Name
THE LOCO MOUSE COMPANY



Principal Place of Business
**893 N.W. 123RD COURT
MIAMI FL 33182**

Mailing Address
**893 N.W. 123RD COURT
MIAMI FL 33182**



2. Principal Place of Business
16277 SW 44 St.

3. Mailing Address
16277 SW 44 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, Fl.

City & State
Miami, Fl.

4. FEI Number **65-1003737**

Applied For
 Not Applicable

Zip
33185

Country
U.S.A.

Zip
33185

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUESADA, ADALBERTO M
893 N.W. 123RD COURT
MIAMI FL 33182**

Name **Adalberto Quesada**

Street Address (P.O. Box Number is Not Acceptable)
16277 SW 44 St.

City **Miami**

FL

Zip Code **33185**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **QUESADA, ADALBERTO M**
STREET ADDRESS **893 N.W. 123RD COURT**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **P** Change Addition
NAME **Adalberto M. Quesada**
STREET ADDRESS **16277 SW 44 St.**
CITY-ST-ZIP **Miami, Fl. 33185**

TITLE **VP** Delete
NAME **CAULA, MARIA L**
STREET ADDRESS **893 NW 123RD COURT**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **VP** Change Addition
NAME **Maria L. Caula**
STREET ADDRESS **16277 SW 44 St.**
CITY-ST-ZIP **Miami, Fl. 33185**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-APR-03 305-534-7904
Date Daytime Phone #

CR2E034 (10/02)

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