

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90236 027 \*\*\*150.00

**DOCUMENT # P99000060384**

1. Entity Name  
**EXCLUSIVAS LOURDES SANCHEZ, INC.**

*R*

Principal Place of Business Mailing Address  
**65 NW 27TH COURT MIAMI FL 33125** **65 NW 27TH COURT MIAMI FL 33125**

**A0074014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-1030471** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALBO, JAMES V**  
**2020 NE 163RD #300**  
**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, MIRIAM M S</b>	
STREET ADDRESS	<b>65 NW 27TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIP STY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ GARCIA MIRIAM MARGARITA</b>	
STREET ADDRESS	<b>65 N.W. 27TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FLA. 33125</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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.

**SIGNATURE: X MIRIAM MARGARITA SANCHEZ GARCIA**  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **8/15/2000** Daytime Phone #: **(305) 643-0457**

CR2E034 (5/00)

**2000 UNIFORM BUSINESS REPORT (UBR)**

082100

DOCUMENT # P99000060384

1. Entity Name  
EXCLUSIVAS LOURDES SANCHEZ, INC.

Attachment  
A0074014

Principal Place of Business Mailing Address  
65 NW 27TH COURT 65 NW 27TH COURT  
MIAMI FL 33125 MIAMI FL 33125

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number Applied For  
65-1030471 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required



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6. Name and Address of Current Registered Agent  
ALBO, JAMES V  
2020 NE 163RD #300  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MIRIAM M S	
STREET ADDRESS	65 NW 27TH COURT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ GARCIA, MIRIAM MARGARITA	
STREET ADDRESS	65 NW 27TH COURT	
CITY-ST-ZIP	MIAMI, FL, 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

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SIGNATURE: X MIRIAM MARGARITA SANCHEZ GARCIA 8/15/2000 (305) 643-0457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Doc#  
P99000060384  
A0074014

**JAMES V. ALBO**  
*Attorney-At-Law*  
*Twenty Twenty Professional Center - Suite 300*  
*2020 N.E. 163<sup>rd</sup> Street*  
*North Miami Beach, Florida 33162*  
*Dade (305) 944-9100 (305) 798-6600 Broward (954) 525-5333*  
*Fax (305) 949-9029 E-Mail James.Albo@aol.com*

August 11, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: *Exclusivas Lourdes Sanchez, Inc.***  
***P990000384***

Dear Sir or Madame:

Per this office's telephone conversation with your office on August 10, 2000 enclosed, please find the executed 2000 Uniform Business Report for the above-captioned corporation and a check in the amount of \$150.00, with a self-addressed, stamped envelope.

Furthermore, per this office's telephone conversation, Ms. Sanchez, director of said corporation, was out of the country and her mail was not forwarded to her as she had directed. Therefore, she did not receive the original report in a timely manner.

Please accept the corporation's report, original filing fee and return a stamped copy of said report to this office in the enclosed self-addressed stamped envelope.

Thank you for your consideration and cooperation in this matter.

Sincerely,

  
JAMES V. ALBO, ESQ.  
JVA/li: enclosures

pc: Exclusivas Lourdes Sanchez, Inc.