

2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # P99000078101

07-25-2000 9000-0006-150.00

1. Entity Name
LOLI CONSULTING, INC.

00 AUG 22 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 527825
MIAMI FL 33152

Mailing Address
P.O. BOX 527825
MIAMI FL 33152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0952291

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUACES, LORENZO JR.
7677 SW 79TH COURT
MIAMI FL 33143

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUACES, LORENZO JR. 7677 SW 79 COURT MIAMI FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEFAN DE LUACES, LILIANA 7677 SW 79 COURT MIAMI FL 33143	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE REQUIRED

LORENZO LUACES Jr, Pres 7-18-00 (305) 598-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

PO BOX 527825
Miami, FL 33152

Loli Consulting, INC.

August 22, 2000

Florida Department Of State
Division Of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

Re: Loli Consulting, Inc. document #P99000078101

Dear Sir or Madam:

Enclosed please find check #1024 in the amount of \$150.00 representing the filing for the 2000 UBR.
We would like to inform you that we never received the first notice and hereby request that the late
fee be waived.

Respectfully yours,


Lorenzo Luaces Jr.
President