

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90108 012 ***150.00

02-3948 AV

DOCUMENT # L61929

1. Entity Name
LOSI HOLDINGS, INC.

Principal Place of Business % MICHAEL J. GELFAND 250 AUSTRALIAN AVENUE SOUTH, SUITE #1010 W PALM BEACH FL 33401-6223	Mailing Address % MICHAEL J. GELFAND 250 AUSTRALIAN AVENUE SOUTH, SUITE #1010 W PALM BEACH FL 33401-6223
--	--



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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0183766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELFAND, MICHAEL J. ONE CLEARANCE CENTRE, SUITE 1010 250 AUSTRALIAN AVENUE SOUTH W PALM BEACH FL 33401	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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> DP LOSI, GUGLIELMO 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> VP LOSI, SANDA 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOSI, GUGLIELMO 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOSI, SANDA 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOSI, GUGLIELMO 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOSI, SANDA 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED 6067164 Mo Losi 1-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

GELFAND & ARPE, P.A.
ATTORNEYS AT LAW

MICHAEL J. GELFAND*
MARY C. ARPE

TANIQUE G. LEE
CHRISTOPHER J. SCHUSTER
ILISA L. CARLTON

* BOARD CERTIFIED REAL ESTATE LAWYER

ONE CLEARLAKE CENTRE
250 SOUTH AUSTRALIAN AVE.
SUITE 1010
WEST PALM BEACH, FL 33401-5014

(561) 655-6224
WEST PALM BEACH

1-800-355-6224
BROWARD/BOCA RATON
FACSIMILE (561) 655-1361
www.gelfandarpe.com

February 5, 2002

Attachment
Doc# 441929
321489

BY APPOINTMENT:

COMPSON FINANCIAL CENTER
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON, FL

REPLY TO WEST PALM BEACH

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Losi Holdings, Inc.
/2002 Uniform Business (Annual) Report

To Whom It May Concern:

Enclosed is the completed 2002 Annual Report form for Losi Holdings, Inc., and the corporation's check number 5011 in the amount of \$150.00 payable to: Secretary of State, Division of Corporations. Please accept these items for filing.

Should you have any questions or difficulties with this filing please do not hesitate to call me.

Very truly yours,

Michael J. Gelfand/MS

Michael J. Gelfand
For the Firm

MJG/kgm
Enclosures

cc: Losi Holdings, Inc..

Signed in the absence of
Mr. Gelfand to avoid delay

F:\GG\00250ctcorpar.wpd