

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90998 041 \*\*\*150.00

0638180 SP

**DOCUMENT # 671852**

1. Entity Name

**LOTINA, INC.**

Principal Place of Business

**237 LOOKOUT PLACE  
SUITE 100  
MAITLAND FL 32751**

Mailing Address

**P.O. BOX 1656  
MAITLAND FL 32794-1656**

2. Principal Place of Business

**549 Wymore Road, North**

3. Mailing Address

Suite, Apt. #, etc.

Suite 109

City & State

**Maitland, FL**

4. FEI Number

**59-2006586**

Applied For

Not Applicable

Zip

**32751**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ICARDI, ALDO  
237 LOOKOUT PLACE  
SUITE 100  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

**Jeffrey A. Icardi**

Street Address (P.O. Box Number is Not Acceptable)

**549 Wymore Road, North, Suite 109**

City **Maitland**

**FL**

Zip Code **32751**

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]*  
Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-20-02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(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. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **JAQUES, OLIVIER**  
CITY-ST-ZIP **DOMUS, POSTFACH 197  
8035 ZURICH, SWITZERLAND**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ICARDI, ALDO**  
CITY-ST-ZIP **237 LOOKOUT PLACE, SUITE 100  
MAITLAND FL 32751**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **549 WYMORE ROAD, NORTH, SUITE 109**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-02**

Date

**407-647-1859**

Daytime Phone #

CR2E034 (9/01)