Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F85174 1. Entity Name						FILED Jan 31, 2001 8:00 am Secretary of State			
-	RD, LOBE, COSTA, INC.					01-31-2001 900			
Principal Pla	ce of Business	Mailing Address							
1434 S. MIAMI AVE MIAMI FL 33130 US		1434 S. MIAMI AVE MIAMI FL 33130 US							
2. Principal (Place of Business	3. Mailing Address			\dashv				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & Sta	ite	City & State			4. F	El Number 59-2203561	⊢	Applied For	
Zip	Country	Zip		Country		ertificate of Status Desired	\$8.75 **	ditional	
	6. Name and Address of Currer	t Registered Agent	مسعد ميد مستمر	Name	7. N	ame and Address of New Regist	ered Agent		
LOBE, OLGA 1434 S. MIAMI AVE MIAMI FL 33130				Street Address (P.O. Box Number is Not Acceptable) City Zip Code					
8. The above	e named entity submits this statement	for the purpose of changing it	ts registere	ad office or regis	stered age	nt, or both, in the State of Florida.	<u> 1</u>		
SIGNATURE	Signature, typed or printed name of registered age			d Agent signature requ	uired when rein	ostating)	DATE		
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				 Election Campaign Financin Trust Fund Contribution. 	~ ~~.	00 May Be ed to Fees	
11.	OFFICERS ANI	DIRECTORS	12.		ADD	OITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete LOBE, OLGA 1434 S. MIAMI AVE MIAMI FL 33130			ET ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHEPARD, ROBERT W 1434 S. MIAMI AVE MIAMI FL 33130	☐ Delete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, and the same of	☐ Delete			بسهي	-	☐ Change	Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE				☐ Change	Addition	
CITY-ST-ZIP 13. I hereby of indicated of the corchanged.	certify that the information supplied wit on this report or supplementa the port poration or the receiver of trustee em or on an attachment when access	h this filing does not qualify for it true and accurate and that the state of eccute this report with in the like empowered			Section 11 le same le 607, Florida	19.07(3)(i), Florida Statutes. I furth gal effect as if made under oath; t a Statutes; and that my name app	er certify that the i hat I am an office ears in Block 11 c	nformation r or director or Block 12 if	

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR