

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90328 035 ***150.00

DOCUMENT # G01989

1. Entity Name
LOYAL PROPERTIES CORPORATION

Principal Place of Business

4431A SW 75TH AVENUE
P.O. BOX 557538
MIAMI FL 33155
US

Mailing Address

4431A SW 75TH AVENUE
P.O. BOX 557538
MIAMI FL 33155
US

2. Principal Place of Business

4221 S.W. 75 AVE

3. Mailing Address

4221 S.W. 75 AVE

Suite, Apt. #, etc.

P.O. Box 557538

Suite, Apt. #, etc.

P.O. Box 557538

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2238369

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORBERTO, LEAL N
4221 SW 75 AVE
MIAMI FL 33155

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

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 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	PD	<input type="checkbox"/> Delete
NAME	LEAL, ANTONIO	
STREET ADDRESS	1662 GERANIO ST.	
CITY-ST-ZIP	RIO PIEDRAS, P. R.	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEAL, NORBERTO	
STREET ADDRESS	4431 31-A S.W. 75TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEAN, INNOCENTE	
STREET ADDRESS	HASTING 47, GARDEN HILL	
CITY-ST-ZIP	GUAYNABO, P.R.	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leal, Antonio	
STREET ADDRESS	1662 Geranio St., Rio Piedras, P.R.	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leal, Norberto	
STREET ADDRESS	4221 SW 75 Avenue, Miami, FL	
CITY-ST-ZIP	33155	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2002 (305) 264-3923

Date

Daytime Phone #

U.S. 5149 24

CR2E034 (9/01)