

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 033 ***150.00

DOCUMENT # G68778
 1. Entity Name
LORIA ART & SIGN SUPPLY, INC.

Principal Place of Business: **530 E 4TH AVE HIALEAH FL 33010 US**
 Mailing Address: **530 E 4TH AVE HIALEAH FL 33010 US**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-2342865** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOPEZ, SIGIFREDO
5890 W. 20 LANE
HIALEAH FL 33016

7. Name and Address of New Registered Agent
 Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, SIGIFREDO 5890 W. 20 LANE HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIVERA, DULCE MA. 5890 W. 20 LANE HIALEAH FL	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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)(f), 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] **SIGNATURE REQUIRED** **8/21/01** **305 885 3418**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
668778
B0003226

DATED: 8/20/01

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
ANNUAL REPORTS SECTION.

RE: Loria Art. Sign Supply, Inc.
TO WHOM IT MAY CONCERN

THE FOLLOWING IS TO INFORM YOU THAT I,
PRESIDENT OF THE ABOVE MENTIONED CORPORATION, WAS UNABLE TO
FILE THE 2000 ANNUAL REPORT FOR MY CORPORATION BEFORE THE DUE
DATE BECAUSE:

I NEVER RECEIVED THE ANNUAL REPORT. HAD I RECEIVED IT, I
WOULD HAVE SENT IT DIRECTLY. I DID NOT EVEN RECEIVE A SECOND
NOTICE. THIS IS PROBABLY BECAUSE THE ADDRESS IS INCORRECT THE
CORRECT ADDRESS IS:

I ASK YOU TO PLEASE ACCEPT A CHECK OF \$ 150.00 TO
COVER THE INITIAL FILING FEE WITH THE ASSURANCE THAT
THIS WILL NOT HAPPEN AGAIN IN THE FUTURE.

SINCERELY


CORPORATION OFFICER