

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80798

1. Entity Name

LOMA AZUL, INC.

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90028 005 \*\*\*550.00

Principal Place of Business

1995 BRICKELL AVE  
3RD FLOOR  
MIAMI FL 33131  
US

Mailing Address

1995 BRICKELL AVE  
3RD FLOOR  
MIAMI FL 33131  
US

UUU8U646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 BRICKELL AVE

3. Mailing Address

1401 BRICKELL AVE

Suite, Apt. #, etc.

#340

Suite, Apt. #, etc.

#340

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

59-2560143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, ROBERT W.  
999 BRICKELL AVE  
STE 1006  
MIAMI FL 33131

7. Name and Address of New Registered Agent

ROBERT W. STEWART, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
999 BRICKELL AVENUE  
Suite 1006  
City Miami FL Zip Code 33131

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

*Robert W. Stewart*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/21/00

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 13, 2000 Min. 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 PD ☐ Delete

NAME RISSO-GILL, JAMES  
STREET ADDRESS 1306 BRICKELL AVE., 3RD FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE V ☐ Delete

NAME ROSS, WILLIAM  
STREET ADDRESS 1995 BRICKELL AVE., 3RD FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME ☒ Change ☐ Addition  
STREET ADDRESS 1401 BRICKELL AVE. SUITE 340  
CITY-ST-ZIP MIAMI, FL. 33131

TITLE ☒ Change ☐ Addition

NAME ☒ Change ☐ Addition  
STREET ADDRESS 1401 BRICKELL AVE., SUITE 340  
CITY-ST-ZIP MIAMI, FL. 33131

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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:

*William Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Ross 8/24/00 305 3713500  
Date Daytime Phone #

CR29034 (5/00)