2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUN 15 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K14131

1. Entity Name
Redlot, Inc.

Principal Place of Business	Mailing Address
c/o Adorno & Zeder, P.A 2601 S. Bayshore Dr., 1600 Miami, Florida 33133	c/o Adorno & Zeder, P.A. 2601 S. Bayshore Dr., 1600 Miami, FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 S. Bayshore Dr.	2601 S. Bayshore Drive
Suite, Apt. #, etc.: Suite 1600	Suite, Apt. #, etc.: Suite 1600
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 65-0132413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Alfredo L. Gonzalez
Adorno & Zeder, P.A.
2601 South Bayshore Dr.
Suite 1600
Miami, FL 33133

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 _____ DATE 6/14/01
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) ☐

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10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Alfredo L. Gonzalez, Esq. 2601 S. Bayshore Dr., Suite 1600 Miami, Florida 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004475127--2 -07/13/01--01072--030 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004475127--2 -07/13/01--01072--031 ***1500.00 ***1500.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete REINSTATEMENT 96-01	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1350.00-ADM 61.25-AR 88.75-ARSUPP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: _____ 6/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alfredo L. Gonzalez Daytime Phone #