

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90260 027 ***150.00

DOCUMENT # K26481

1. Entity Name
LOTMAIN CORPORATION

Principal Place of Business
1110 BRICKELL AVE
SUITE 313
MIAMI FL 33131
US

Mailing Address
1110 BRICKELL AVE
SUITE 313
MIAMI FL 33131
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0055478** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VALLE IGNACIO G.
100 SE 2 ST STE 4000
MIAMI FL 33131

Name **Ignacio G. del Valle**
 Street Address (P.O. Box Number is Not Acceptable)
201 So. Biscayne Boulevard
Suite 3400
 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 *Ignacio G. del Valle* **4/11/02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **GATO, ALINA F. H.**
 CITY-ST-ZIP **201 EVERGLADES AVENUE, UNIT 105**
PALM BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **DEL VALLE, IGNACIO G.**
 CITY-ST-ZIP **100 SE 2 ST STE 4000**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 S. Biscayne Boulevard, Suite 3400**
 CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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: *Alina F. H. Gato* **4-24-02** **305/372-1711**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)