

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90756 018 ****50.00

DOCUMENT # L00000001398

1. Entity Name

LULO INVESTMENTS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
394 OCEAN AVENUE

3. Mailing Address
394 OCEAN AVENUE

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
REVERE, MA

City & State
REVERE, MA

Zip **02151** Country **USA**

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4. FEI Number
65-0979528

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JAY L. BORSKY**

Street Address (P.O. Box Number is Not Acceptable)
8211 W. BROWARD BLVD., STE. 200

City **PLANTATION** **FL** Zip Code **33324**

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  **JAY L. BORSKY**
Signature, typed or printed name of registered agent and title if applicable.

DATE **4-29-03**

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIANA PARDO
394 OCEAN AVENUE, STE. 202
REVERE, MA 02151

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIANA HERNANDEZ
394 OCEAN AVENUE, STE. 202
REVERE, MA 02151

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CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **DIANA HERNANDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # **617-407-1453**

CR2E083B (12/01)