

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90266 023 ****50.00

DOCUMENT # L00000005610

1. Entity Name
LORO ENTERPRISES, L.L.C.

Principal Place of Business

**4432 N.W. 74TH AVENUE
 MIAMI FL 33166**

Mailing Address

**4432 N.W. 74TH AVENUE
 MIAMI FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1008430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW-ESQ
 CUEVAS & RUBIN PA
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **J VAN BALEN, JORGE**
 Street Address (P.O. Box Number is Not Acceptable)
4516 N.W. 114 Ave # 2006
 City **MIAMI** FL **33178**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/2002.

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **VAN BALEN, JORGE**
 STREET ADDRESS **9200 S DADELAND BLVD SUITE 603**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **4516 N.W. 114 Ave # 2006**
 STREET ADDRESS **MIAMI FL 33178**
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **SAMAH, AIDA MARIA SALMAN**
 STREET ADDRESS **9200 S DADELAND BLVD SUITE 603**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **4516 N.W. 114 Ave # 2006**
 STREET ADDRESS **MIAMI FL 33178**
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

04/29/2002 (305) 943-5350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)