

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90579 018 ****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

9701 NW 91 COURT

3. Mailing Address

9701 NW 91 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY

City & State

MEDLEY

Zip

33178

Country

USA

Zip

33178

Country

USA

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

**VAN BALEN, JORGE
4516 N.W. 114 AVE #2006
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5165 NW 105 COURT

City

MIAMI

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/23/20

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☒ NAME ☐ Delete
MGRM
VAN BALEN, JORGE
STREET ADDRESS
4516 N.W. 114 AVE #2006
CITY-ST-ZIP
MIAMI FL 33178

TITLE ☒ NAME ☐ Change ☐ Addition
5165 NW 105 COURT
STREET ADDRESS
MIAMI FL 33178
CITY-ST-ZIP

TITLE ☐ NAME ☐ Delete
MGRM
SAMAH, AIDA MARIA SALMAN
STREET ADDRESS
4516 N.W. 114 AVE #2006
CITY-ST-ZIP
MIAMI FL 33178

TITLE ☒ NAME ☐ Change ☐ Addition
5165 NW 105 COURT
STREET ADDRESS
MIAMI FL 33178
CITY-ST-ZIP

TITLE ☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ NAME ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME ☐ Change ☐ Addition
STREET ADDRESS
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

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

04/23/2003 (305)301-4025

Date

Daytime Phone #

CR2E083 (10/02)