

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90178 044 ***150.00

DOCUMENT # L00437

1. Entity Name
LOANS INC.



Principal Place of Business

**9370 SUNSET DR
A140
MIAMI FL 33173
US**

Mailing Address

**P.O. BOX 651294
MIAMI FL 33265**

2. Principal Place of Business
9370 SUNSET DR

3. Mailing Address

Suite, Apt. #, etc.
A214

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33173

Country
USA

Zip

Country

4. FEI Number
65-0132402

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURGUENO, ANGEL C.
9370 SUNSET DR A140
MIAMI FL 33173**

Name
BURGUENO, ANGEL C.

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

9370 SUNSET DRIVE A214

City
MIAMI

FL

33173

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 *Angel Burgueno* **ANGEL BURGUENO / PRESIDENT 01/15/2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BURGUENO, ANGEL**
STREET ADDRESS **9370 SUNSET DR A214**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **P** ☒ Change ☐ Addition
NAME **BURGUENO, ANGEL**
STREET ADDRESS **9370 SUNSET DR A-214**
CITY-ST-ZIP **Miami, Florida 33173**

TITLE **D** ☐ Delete
NAME **BURGUENO, ANGEL**
STREET ADDRESS **9370 SUNSET DR A140**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☒ Change ☐ Addition
NAME **BURGUENO, ANGEL**
STREET ADDRESS **9370 SUNSET DR A-214**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **T** ☐ Delete
NAME **BURGUENO, OMAIRA**
STREET ADDRESS **9370 SUNSET DR A214**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **T** ☒ Change ☐ Addition
NAME **LEBRON, MARIA V.**
STREET ADDRESS **9370 SUNSET DR A-214**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **S** ☐ Delete
NAME **BURGUENO, PAULINA**
STREET ADDRESS **9370 SUNSET DR A214**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **S** ☒ Change ☐ Addition
NAME **BURGUENO, PAULINA**
STREET ADDRESS **9370 SUNSET DR A-214**
CITY-ST-ZIP **MIAMI, FL 33171**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Angel Burgueno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)