

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90117 031 ****50.00

DOCUMENT # L01000021306

1. Entity Name

LOBO HOLDINGS, L.L.C.

Principal Place of Business

Mailing Address

% MIAMI PLATIC SURGERY. ATTN: CARLOS WOLF
 8940 N. KENDALL DR., SUITE 903-E
 MIAMI FL 33176

% MIAMI PLATIC SURGERY. ATTN: CARLOS WOLF
 8940 N. KENDALL DR., SUITE 903-E
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6465 SW 109 St.

AA

MIAMI FL

33156

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0533162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, ROBERT M
 4000 HOLLYWOOD BOULEVARD
 SUITE 485-S
 HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 WOLF, CARLOS
 % 8940 N. KENDALL DRIVE, SUITE 903-E
 MIAMI FL 33176

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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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

Date

Daytime Phone #

9-8-02 305-270-8123

CR2E083 (4/02)