

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90132 024 \*\*\*150.00

**DOCUMENT # L61929**

1. Entity Name  
**LOSI HOLDINGS, INC.**

Principal Place of Business	Mailing Address
% MICHAEL J. GELFAND 250 AUSTRALIAN AVENUE SOUTH, SUITE #1010 W PALM BEACH FL 33401-6223	% MICHAEL J. GELFAND 250 AUSTRALIAN AVENUE SOUTH, SUITE #1010 W PALM BEACH FL 33401-6223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0183766	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELFAND, MICHAEL J. ONE CLEARANCE CENTRE, SUITE 1010 250 AUSTRALIAN AVENUE SOUTH W PALM BEACH FL 33401	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOSI, GUGLIELMO 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDA LOSI - VICE PRESIDENT 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUGLIELMO LOSI Date: 2-12-01 Daytime Phone #: 561-6556224

CR2E034 (10/00)

L # 61929  
**GELFAND & ARPE, P.A.**  
ATTORNEYS AT LAW

ONE CLEARLAKE CENTRE  
250 SOUTH AUSTRALIAN AVE.  
SUITE 1010  
WEST PALM BEACH, FL 33401-5014

MICHAEL J. GELFAND\*  
MARY C. ARPE  
TANIQUE G. LEE

JOANNE GELFAND†  
OF COUNSEL

† ALSO ADMITTED IN N.Y. AND D.C.  
\*BOARD CERTIFIED REAL ESTATE LAWYER

(561) 655-6224  
WEST PALM BEACH

1-800-355-6224  
BROWARD/BOCA RATON  
FACSIMILE (561) 655-1361  
Email: ga@gelfandarpe.com

BY APPOINTMENT:

COMPSON FINANCIAL CENTER  
980 NORTH FEDERAL HIGHWAY  
SUITE 434  
BOCA RATON, FL

REPLY TO WEST PALM BEACH

February 20, 2001

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

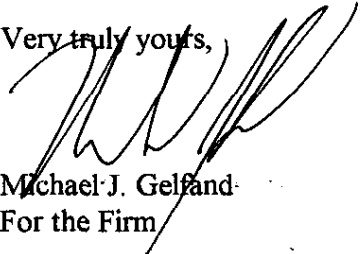
**Re: Losi Holdings, Inc.**  
**/2001 Uniform Business (Annual) Report**

To Whom It May Concern:

Enclosed is the completed 2001 Annual Report form for Losi Holdings, Inc., and Losi Holdings, Inc.'s check number 5001 in the amount of \$150.00 payable to: Secretary of State, Division of Corporations. Please accept these items for filing.

Should you have any questions or difficulties with this filing please do not hesitate to call me.

Very truly yours,

  
Michael J. Gelfand  
For the Firm

MJG/kgm  
Enclosures  
cc: Losi Holdings, Inc.

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