

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000665 AF

DOCUMENT # L95000000608

1. Entity Name
LOYOLA DEVELOPMENT LIMITED COMPANY

Principal Place of Business

848 BRICKELL AVENUE #601
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE #601
MIAMI FL 33131-2915

2. Principal Place of Business

338 Minorca Avenue
Suite, Apt. #, etc.

3. Mailing Address

338 Minorca Avenue
Suite, Apt. #, etc.

City & State

Coral Gables, FL
33134-4304 USA

City & State

Coral Gables, FL
33134-4304 USA

4. FEI Number

65-0600040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARLENE
848 BRICKELL AVENUE #601
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS LLANES, JOSE LUIS
CITY-ST-ZIP 848 BRICKELL AVENUE SUITE 601
MIAMI FL 33131

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS Llanes, Jose Luis
CITY-ST-ZIP 338 Minorca Avenue
Coral Gables, FL 33134-4304

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/2000

Date

(305) 313-4650

Daytime Phone #

CR2E083 (9/99)