

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000608

1. Entity Name
LOYOLA DEVELOPMENT LIMITED COMPANY

Principal Place of Business
338 MINORA AVENUE
CORAL GABLES FL 33134-4304

Mailing Address
338 MINORA AVENUE
CORAL GABLES FL 33134-4304

2. Principal Place of Business
338 Minora Avenue
Suite, Apt. #, etc.

3. Mailing Address
338 Minora Avenue
Suite, Apt. #, etc.

City & State
Coral Gables, FL
Zip
33134
Country
USA

City & State
Coral Gables
Zip
33134
Country
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

(Same agent address needs to be corrected.)

7. Name and Address of New Registered Agent

Name: Marlene Garcia
Street Address (P.O. Box Number is Not Acceptable):
338 Minora Avenue
City: Coral Gables FL Zip Code: 33134

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004221395--4
-05/17/01--01010--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR
NAME: LLANES, JOSE LUIS
STREET ADDRESS: 338 MINORA AVENUE
CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete

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

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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 338 Minora Avenue
CITY-ST-ZIP: Coral Gables, FL 33134

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: Jose Luis Llanes, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01 305)648-0708
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)