

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80426

1. Entity Name  
LOUMAR ENTERPRISES, INC.

Principal Place of Business  
7380 SW 116 ST  
MIAMI FL 33156  
US

Mailing Address  
7380 SW 116 ST  
MIAMI FL 33156  
US

2. Principal Place of Business

**1550 MADRUGA AVE.**  
Suite, Apt. #, etc.  
**200**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Coral Gables, FL**  
Zip **33146** Country **USA**

City & State

Zip

Country

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90137 001 \*\*\*150.00

0192763

00006150



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0054923**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FANJUL, LOURDES**  
7380 SOUTHWEST 116 STREET  
MIAMI FL 33156

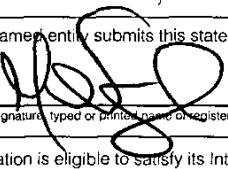
Name

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)

**1-10-01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **FANJUL, MARCELO**  
STREET ADDRESS **7380 SW 116 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **FANJUL, LOURDES**  
STREET ADDRESS **7380 SW 116 ST**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

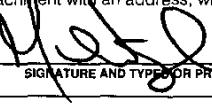
TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-01**

**305 740-3355**

Date

Daytime Phone #

CR2E034 (10/00)