2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P0000012905 LOCA LOLA CORP. 01-29-2001 90075 008 ***150.00 Principal Place of Business Mailing Address 10155 COLLINS AVENUE 10155 COLLINS AVENUE **SUITE 1002 SUITE 1002** BAY HARBOUR FL 33154 BAY HARBOUR FL 33154 2. Principal Plage of Business 3. Mailing Address 10155 COLLINS 10155 COLLINS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite_ 1002 002 Applied For Not-Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD TITLE ☐ Delete TITLE ☐ Channe ☐ Addition REITER, ELIAS NAME NAME 10155 COLLINS AVENUE SUITE 1002 STREET ADDRESS STREET ADDRESS BAL HARBOUR, FL. 33154 CITY-ST-7IP BAY HARBOUR FL 33154 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BAL HARBOUR, FL. 33154 CITY-ST-ZIP CITY-ST-ZIP ---TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attacknown with an address, with all other like empowered.

ELIAS REITER, Prendent 1-16-01 305-861-

DOC# P00000012905 BOO 11343

gentlemen:

all the information on the form

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is correct, except for the spelling of
the city which Should be Changed

from BAY Harbour to Bal Harbour.

I trust I have made the address change

correctly. Chias Ruter