

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90285 004 ***150.00

DOCUMENT # P00000015062

1. Entity Name
LOYAL INC.

Principal Place of Business
6800 NW 39TH AVENUE #277
COCONUT CREEK FL 33073

Mailing Address
~~6800 NW 39TH AVENUE #277~~
~~COCONUT CREEK FL 33073~~
3720 NE 12th Ter
POMPANO BEACH, FL 33064

2. Principal Place of Business
3720 NE 12th Ter.
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL
 Zip
33064
 Country
USA

City & State

4. FEI Number **22-3704988**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAL, ANTONIO
3720 NE 12TH TERRACE
POMPANO BEACH FL 33069

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
LEAL, ANTONIO
3720 NE 12TH TERRACE
POMPANO BEACH FL 33064 ☐ Delete

TITLE
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☐ Change ☐ Addition

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3720 NE 12TH TERRACE
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☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (954) 9469378

Date

Daytime Phone #

CR2E034 (9/01)