

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90299 004 ***150.00

DOCUMENT # P00000032913

1. Entity Name

LOLO PROPERTIES, INC.

Principal Place of Business

**2924 COLLINS AVENUE
UNIT 405
MIAMI BEACH FL 33140**

Mailing Address

**2924 COLLINS AVENUE
UNIT 405
MIAMI BEACH FL 33140**

2. Principal Place of Business

1541 Brickell Avenue

Suite, Apt. #, etc.

Apt. B-704

City & State

Miami, Florida

Zip

33129-1216

Country

USA

3. Mailing Address

1541 Brickell Avenue

Suite, Apt. #, etc.

Apt. B-704

City & State

Miami, Florida

Zip

33129-1216

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1074371

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

**LORA, LORETTA
2924 COLLINS AVENUE
UNIT 405
MIAMI BEACH FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

1541 Brickell Avenue**Apt. B-704**

City

Miami**FL**

Zip Code

33129-1216

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORA, LORETTA 2924 COLLINS AVENUE UNIT 405 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1541 Brickell Avenue, Apt. B-704 Miami, Florida 33129-1216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ✓ *LORITA LORA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

✓ *2-2-01*

Daytime Phone #

✓ *(305) 859-8854*

CR2E034 (10/00)