

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000035893**1. Entity Name  
**LOBITOS GARDEN, CORP.**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT -5 PM 1:35

Principal Place of Business

6650 N.W. 40TH STREET  
MIAMI FL 33166

Mailing Address

6650 N.W. 40TH STREET  
MIAMI FL 33166

2. Principal Place of Business

6650 nw 40 street  
Suite, Apt. #, etc.

3. Mailing Address

6650 nw 40 street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Miami FL

City &amp; State

Miami FL

4. FEI Number

65-0995278

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

6. Name and Address of Current Registered Agent

VILLALOBOS, LUIS ENRIQUE  
6650 N.W. 40TH STREET  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

VILLALOBOS, LUIS ENRIQUE

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

6650 nw 40 street

City

Miami

FL

Zip Code

33166

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

09-6-01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
VILLALOBOS, LUIS ENRIQUE  
6650 N.W. 40TH STREET  
MIAMI FL 33166 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
VILLALOBOS, CARMEN YVONNE  
6650 N.W. 40TH STREET  
MIAMI FL 33166 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
SP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-06-01

CR2F034 (5/01)