

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90282 018 ***150.00

0272734

DOCUMENT # P00000070996

1. Entity Name
LOVENDO INC.

Principal Place of Business
**1212 ALEXANDER BEND
 WESTON FL 33327**

Mailing Address
**1212 ALEXANDER BEND
 WESTON FL 33327**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**8606 NW 70th Street
 MIAMI, FL**

Suite, Apt. #, etc.

**8606 NW 70th Street
 MIAMI, FL**

4. FEI Number

65-1046054

Applied For

Not Applicable

Zip **33166** Country **U.S.A.**

Zip **33166** Country **U.S.A.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAGGI, JUAN C
 1212 ALEXANDER BEND
 WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **Maggi, Juan C**

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

8606 NW 70 St

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 **Juan Maggi**

DATE **4/20/2001**

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

TITLE Delete
 NAME **D MAGGI, JUAN C**
 STREET ADDRESS **1212 ALEXANDER BEND**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE Change Addition
 NAME **Maggi Juan C**
 STREET ADDRESS **8606 NW 70 St**
 CITY-ST-ZIP **Miami FL 33166**

TITLE Delete
 NAME **D ZAMORA, HILDA C**
 STREET ADDRESS **1212 ALEXANDER BEND**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE Change Addition
 NAME **Zamora Hilda C**
 STREET ADDRESS **8606 NW 70 St**
 CITY-ST-ZIP **Miami FL 33166**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 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:

Juan Maggi 4-20-01

305-640-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)