

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91773 011 \*\*\*150.00

0285601 AV

**DOCUMENT # P00000070996**



1. Entity Name  
**LOVENDO INC.**

Principal Place of Business  
**8606 NW 70TH ST  
MIAMI FL 33166**

Mailing Address  
**8606 NW 70TH ST  
MIAMI FL 33166**

11020070



2. Principal Place of Business  
**8437 NW. 68. ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**8437 NW. 68. ST**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**miami, Florida**

City & State  
**miami, Florida**

4. FEI Number  
**65-1046054**

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**

**MAGGI, JUAN C  
8060 NW 70TH ST  
MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name  
**maggi, Juan C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8437 NW. 68. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **D MAGGI, JUAN C**  
STREET ADDRESS **8606 NW 70TH ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE  Change  Addition  
NAME **P MAGGI, JUAN C.**  
STREET ADDRESS **8437 NW. 68. ST**  
CITY-ST-ZIP **miami, FL. 33166**

TITLE  Delete  
NAME **D ZAMORA, HILDA C**  
STREET ADDRESS **8606 NW 70TH ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE  Change  Addition  
NAME **V ZAMORA, HILDA C.**  
STREET ADDRESS **8437 NW. 68. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2B034 (10/02)