

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90233 031 \*\*\*150.00

017830 AT

**DOCUMENT # P00000071767**

**1. Entity Name**  
**L.O.U. ENTERPRISES, INC.**

**Principal Place of Business**  
**9963 S.W. 147TH AVE.**  
**MIAMI FL 33196**

**Mailing Address**  
**P.O. BOX 960681**  
**MIAMI FL 33296**

**2. Principal Place of Business**  
**12759 SW 146 TR**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**Same**  
 Suite, Apt. #, etc.

**City & State**  
**MIAMI FL**

**City & State**

**4. FEI Number**  
**65-1024254**

**Applied For**  
☐ **Not Applicable**

**Zip** **33186** **Country** **USA**

**Zip** **Country**

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**BETANCES, L.A.**  
**9963 S.W. 147TH AVE.**  
**MIAMI FL 33196**

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

**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**

**07-11-01**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BETANCES, L.A.</b>	
<b>STREET ADDRESS</b>	<b>9963 S.W. 147TH AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BETANCES, D.C.</b>	
<b>STREET ADDRESS</b>	<b>9963 S.W. 147TH AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>SUAREZ, RODOLFO</b>	
<b>STREET ADDRESS</b>	<b>9963 S.W. 147TH AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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** **Betances**

**07-11-01** **786-2537280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

10078969

Doc. # P00000071767

July 10th, 2001

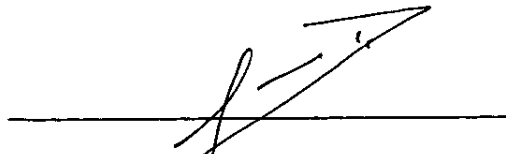
Florida dept. of State  
Division of Corporations.

--Dear Sir/Madam,

Since we moved to this new address we have been having a lot of problems with missing and lost mail. Unfortunately the 2001 Uniform Business Report was one of them.

I apologize for the inconvenience and please enclosed find a check for \$150.00 and waive the fines since I was not aware of this until I got this second notice. I appreciate your understanding and please be assured that my payments will always be on time.

Thank You very much  
Sincerely,



Luis A. Betances  
L.O.U. Enterprises, Inc  
P.O. Box 960681  
Miami, Florida 33296-0681