

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90217 043 \*\*\*150.00

**DOCUMENT # P00000071767**

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



Principal Place of Business

~~493 NW 27 AVE~~  
~~MIAMI FL 33125~~  
~~US~~

Mailing Address

P.O. BOX 770396  
MIAMI FL 33177

2. Principal Place of Business

**12759 S.W. 146 TERR**

3. Mailing Address

**12759 S.W. 146 TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI, FL.**

4. FEI Number

**65-1024254**

Applied For

Not Applicable

Zip

**33186**

Country

Zip

**33186**

Country

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

~~BETANCES, L.A.~~  
~~493 NW 27 AVE~~  
~~MIAMI FL 33125~~

Name

**LUIS A. BETANCES**

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

**12759 S.W. 146 TERR.**

City

**MIAMI**

FL

Zip Code

**33186**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **P** ☐ Delete  
NAME **BETANCES, L.A.**  
STREET ADDRESS ~~493 NW 27 AVE~~  
CITY-ST-ZIP ~~MIAMI FL 33125~~

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **12759 S.W. 146 TERR**  
CITY-ST-ZIP **MIAMI, FL. 33186**

TITLE **T** ☐ Delete  
NAME **BETANCES, D.C.**  
STREET ADDRESS **493 NW 27 AVE**  
CITY-ST-ZIP **MIAMI FL 33125**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **BETANCES, D.C.**  
CITY-ST-ZIP **12759 S.W. 146 TERR**  
**MIAMI, FL. 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/22/03**

CR2E034 (10/02)