

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000074492**

1. Entity Name

**LORETO PRODUCTS, INC.****FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90098 008 \*\*\*150.00

Principal Place of Business

**2502 WALDEN WOODS DR.  
PLANT CITY FL 33566**

Mailing Address

**2502 WALDEN WOODS DR.  
PLANT CITY FL 33566**

2. Principal Place of Business

**5330 Hwy. 98 North**

Suite, Apt. #, etc.

3. Mailing Address

**5330 Hwy. 98 North**

Suite, Apt. #, etc.

City &amp; State

**Lakeland, FL**

City &amp; State

**Lakeland, FL**

4. FEI Number

**59-3663338**

Applied For

Not Applicable

Zip

**33809**

Country

**U.S.A.**

Zip

**33809**

Country

**U.S.A.**5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**MILLS, FREDERICK J ESQ.  
1200 W. PLATT ST., SUITE 100  
TAMPA FL 33606**

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

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

TITLE	Chairman & President	<input type="checkbox"/> Delete
NAME	Esteban Pozo	
STREET ADDRESS	Carretera Sevilla-HuelvaKM14	
CITY-ST-ZIP	Espartinas, Spain	

TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Robert Fiddelke	
STREET ADDRESS	2502 Walden Woods Drive	
CITY-ST-ZIP	Plant City, FL 33566	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Luis Abascal	
STREET ADDRESS	Carretera Sevilla-HuelvaKM14	
CITY-ST-ZIP	Espartinas, Spain	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Luis Paez	
STREET ADDRESS	Carretera Sevilla-HuelvaKM14	
CITY-ST-ZIP	Espartinas, Spain	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

April 2, 2001 (813) 305-4534

Date

Daytime Phone #

CR2E034 (10/00)