FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91008 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086571

1. Entity Name
LALO COMMUNICATIONS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
226 LOMBARDY AVE
Suite, Apt. #, etc.

3. Mailing Address
226 Lombardy Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Lauderdale by the Sea.
Zip: 33308
Country:

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Zip: 33308
Country:

4. FEI Number: 65-1037380 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA ELENA DIEGUEZ

Street Address (P.O. Box Number is Not Acceptable):
226 LOMBARDY AVE

City: Lauderdale by the Sea FL Zip Code: 33308

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: Maria E. Dieguez
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (Florida Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President.
NAME	MARIA ELENA DIEGUEZ
STREET ADDRESS	226 LOMBARDY AVE.
CITY-ST-ZIP	Lauderdale by the Sea, Fl. 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E094B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maria E. Dieguez 4/29/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #