

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90116 046 \*\*\*150.00

**DOCUMENT # P01000008110**

1. Entity Name

LOLO MANAGEMENT, INC.

Principal Place of Business

7360 KILLARNEY DRIVE  
SRASOTA FL 34238

Mailing Address

2881 EAST OAKLAND PARK BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33306

2. Principal Place of Business

520 SE FIFTH AVENUE

3. Mailing Address

SAME

Suite, Apt. #, etc.

# 1702

Suite, Apt. #, etc.

City &amp; State

FORT LAUDERDALE, FLORIDA

City &amp; State

FORT LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

59-3692081

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name JOHN HAYNIE JR.

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

520 SE FIFTH AVENUE # 1702

City FORT LAUDERDALE FL

Zip Code

33301

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, 2002 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 ☐ Delete  
NAME JOHN HAYNIE JR.  
STREET ADDRESS 520 SE FIFTH AVENUE # 1702  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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: X

SIGNATURE JOHN HAYNIE JR.

4.26.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)