

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

06-25-2003 90072 035 \*\*\*150.00

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

**DOCUMENT # P01000025251**  
 1. Entity Name  
**LOMAR USA, INC.**



Principal Place of Business  
**9695 NW 79 AVE BAY #8  
 HIALEAH FL 33016**

Mailing Address  
**15800 BULL RUN RD.  
 364F  
 HIALEAH FL 33014**

2. Principal Place of Business  
**19237 NW 67 PLACE**

3. Mailing Address  
**8004 NW 154th St  
 Suite, Apt. #, etc.  
 149**

City & State  
**MIAMI**

City & State  
**Miami**

Zip  
**33015** Country  
**USA**

Zip  
**33016** Country  
**USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OSPINA, BEATRIZ  
 15800 BULL RUN RD  
 APT 364F  
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name **Ospina Beatriz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8004 NW 154th St #149**  
 City **Miami** FL Zip Code **33016**

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]* DATE **04/29/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OSPINA, RODRIGO A 15800 BULL RUN RD. MIAMI LAKES FL 33014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OSPINA RODRIGO 8004 NW 154 St #149 MIAMI, FL, 33016</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** DATE **04/29/2003** 786 543 0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)