

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90522 047 \*\*\*150.00

DOCUMENT # P01000058281

1. Entity Name  
TULUM GROUP, INC.



Principal Place of Business

400 S. POINTE DRIVE  
SUITE 311  
MIAMI BEACH FL 33139

Mailing Address

400 S. POINTE DRIVE  
SUITE 311  
MIAMI BEACH FL 33139

11018067



2. Principal Place of Business

90 Alton Road  
Suite, Apt. #, etc. # 2310  
City & State Miami Beach FL

3. Mailing Address

90 Alton Road  
Suite, Apt. #, etc. # 2310  
City & State Miami Beach FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-3643800

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DIAZ, OSVALDO J~~  
~~7061 S.W. 40TH STREET~~  
~~SUITE 200~~  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Federico LORE  
Street Address (P.O. Box Number is Not Acceptable) 90 Alton Road # 2310  
City Miami Beach FL Zip Code 33139

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

(NOTE: Registered Agent signature required when reinstating)

4/21/2003  
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LORE, PABLO	
STREET ADDRESS	400 S. POINTE DRIVE SUITE 311	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LORE, FEDERICO	
STREET ADDRESS	400 S. POINTE DRIVE SUITE 311	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 Alton Road # 2310	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 Alton Road # 2310	
CITY-ST-ZIP	Miami Beach FL 33139	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Federico Lore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003 305 864 7909  
Date Daytime Phone #

CR2E034 (10/02)