

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 019 ***150.00

DOCUMENT # P01000070221

1. Entity Name **LOURDES PROPERTIES CORP.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6775 INDIAN CREEK DR.

3. Mailing Address

5805 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 235

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33140

Country

USA

Zip

33126

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL J. SENBER

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

2875 NE 191 STREET

Suite 801

City

MIAMI

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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



DANIEL J. SENBER

3/7/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
RUBEN DE ANDRAZ
5805 BLUE LAGOON DRIVE
MIAMI BEACH, FL 33140**

TITLE
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CITY-ST-ZIP

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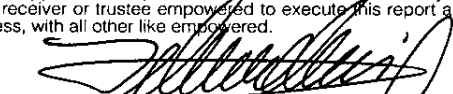
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/02 (305) 867-0030

Date

Daytime Phone #

CR2E034B (12/01)