

**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.**
Suite, Apt. #, etc.
3. Mailing Address **5805 BLUE LAGOON DRIVE**
Suite, Apt. #, etc. **Suite 235**

80054130

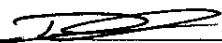
DO NOT WRITE IN THIS SPACE

City & State **MIAMI BEACH, FLORIDA**
Zip **33140** Country **USA**
City & State **MIAMI, FLORIDA**
Zip **33126** Country **USA**

4. FEI Number 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 **DANIEL J. SENBER**
Street Address (P.O. Box Number is Not Acceptable) **2875 NE 191 STREET**
SUITE 801
City **ATLANTA** FL Zip Code **33180**

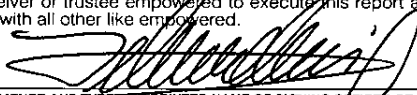
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  **DANIEL J. SENBER** DATE **3/7/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ANDRAE 5805 BLUE LAGOON DRIVE MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE **03/07/02** (305) 867-0030
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)