

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90121 044 ***150.00

DOCUMENT # **P01000070221**

1. Entity Name

LOURDES PROPERTIES CORP.



DO NOT WRITE IN THIS SPACE

90030357

2. Principal Place of Business

6775-6785 INDIAN CREEK DR.

3. Mailing Address

2875 NE 191 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 801

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FLORIDA

City & State

AVENNA, FLORIDA

4. FEI Number

03-0404718

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33180

Country

USA

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. SERBER, ESQ.

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

2875 NE 191 STREET

SUITE 801

City

AVENNA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

DANIEL J. SERBER, ESQ.

1/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: **DIRECTOR**
NAME: **VILMA VIVIANA DEMARIA**
STREET ADDRESS: **2875 NE 191 STREET # 801**
CITY-ST-ZIP: **AVENNA, FLORIDA 33180**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

(305) 484-2308

Daytime Phone #

CR2E034B (12/02)