04/30/2002 14:09 3052739137 ORLANDO DE AR

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91327 038 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077770.

1. Entity Name

LULAHOON ENTERTAINMENT, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7124 ABBOTT AVE	3. Mailing Address: 7124 ABBOTT AVE
Suite, Apt. #, etc: #B	Suite, Apt. #, etc.: #B
City & State: MIAMI BEACH	City & State: MIAMI BEACH
Zip: 33141 Country: USA.	Zip: 33141 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1127924 ☐ 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: MAZZINI IGNACIO

Street Address (P.O. Box Number is Not Acceptable): 7124 ABBOTT AVE #B

City: MIAMI BEACH FL Zip Code: 33141

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 ____________ 04/30/02

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	PD MAZZINI IGNACIO. ABBOTT AVE #B MIAMI BEACH, Fl 33141	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: ____________ 04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #