

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90017 024 \*\*\*150.00

0008401 AT

**DOCUMENT # P01000111161**

1. Entity Name  
**LLO STUDIO, INC.**

Principal Place of Business Mailing Address  
**10933 NW 73 TERR 10933 NW 73 TERR**  
**MIAMI FL 33178 MIAMI FL 33178**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **80-0031410** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**LOPEZ, LOURDES**  
**10933 NW 73 TERR**  
**MIAMI FL 33178**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D LOPEZ, LOURDES</b> <b>10933 NW 73 TERR</b> <b>MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAIER, WERNER</b> <b>10933 NW 73 TERR</b> <b>MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, MARCOS</b> <b>10933 NW 73 TERR</b> <b>MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/28/02 305-463 7794**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment D<sup>4</sup> Pg 1000111/61

**TOCA & COMPANY**  
Accountants and Consultants  
5725 S.W. 77<sup>th</sup> Terrace  
South Miami, Florida 33143-5410

336877

**Instructions For Filing  
Uniform Business Reports**

To: L.L.O Studio Date: 2/25/02

Please examine this return carefully and make the necessary changes of address and/or names of officers and directors.

***Filing instructions follow:***

**Signature:**

Any one principal officer *must sign and date.*

**Fee:**

\$ 150<sup>00</sup> which *must be paid* in full with the return. **AFTER MAY 1<sup>st</sup>, \$550.00**

**Make Check Payable To:**

**DEPARTMENT OF STATE**

Please be sure to put your *Federal Identification Number* on the check.

**Mail Return To:**

**ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATIONS  
P. O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500**

**Taxpayer's Copy:**

*Retain The Copy For Your Files.* We suggest that you Sign and date the copy for your records.

**Due Date:**

**MAY 1, 2001**

**\*\*\* FAILURE TO FILE BEFORE DUE DATE  
WILL RESULT ADDITIONAL FEES AND  
INVOLUNTARY DISSOLUTION OF CORP.\*\***

From

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336877

**DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500**



PLACE  
STAMP  
HERE

