2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112442 1. Entity Name LOLI-COLA, CORP

Principal Place of Business 16607 NW 73 CT MIAMI LAKES FL 33014

Mailing Address

16607 NW 73 CT MIAMI LAKES FL 33014

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	·····
Zip Country	Zip	Country

FILED May 20, 2002 8:00 am Secretary of State
05-20-2002 90113 018 ***150.00

) (1 111 : 11111)			
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc.			_		1 21 00 2 1202 0 11 0 12 810			
						DO NOT WRITE IN THIS SPACE					
			City & State			4. FEI Number		Applied For Not Applicable		,	
Zip (٠	Country Zip		Cour	Country		Certificate of Status Desired	\$9.75 4	dditional	1	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
·					Name		·			7	
CADET, MARGARETH T					Stroot Address /B.O. Boy Niverbay is Not Assessed by						
16607 NW 73 CT				ئىقى تىنىچە	Street Address (P.O. Box Number is Not Acceptable)						
, MIAMI LA	KES FL 330	14				•				7	
	نبث شهيند وهمست			*	City		<u> </u>	FL -Zip Co	de		
8. The above	named entity	submits this statement for	the purpose of changing its	s register	ed office or reg	gistered ag	ent, or both, in the State of Florida.			7	
					· ·						
SIGNATURE 3	٠									1	
oran by trottle	Signature, typed o	or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature re	equired when re	einstating)	ATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)			After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			Election Campaign Financing Trust Fund Contribution.		00 May Be		
11.		OFFICERS AND D	1	12.			DITIONS (CHANGES TO OFFICE DO	AND DIDECTOR	20.41.44	4	
TITLE	DP	OT TOLING AND I	Delete	TITLE		AD	DITIONS/CHANGES TO OFFICERS			Ⅎ≘	
NAME		EPHANE E	□ . Delete	NAM				☐ Change	Addition Addition	CR2E034 (9/01)	
STREET ADDRESS	16607 NW				ET ADDRESS					4	
CITY-ST-ZIP		ES FL 33014			-ST-ZIP					18	
TITLE	DV	2012 00011		TITLE			·			- 2	
NAME		ARGARETH T	□ Delete	NAM				☐ Change	Addition	10	
STREET ADDRESS	16607 NW				ET ADDRESS						
CITY-ST-ZIP		FS FL 33014			ST-ZiP		•				
TITLE	ME CHI PUL	<u> </u>	☐ Delete	TITLE	.			Change	Addition	1	
NAME			Delete	NAMI				☐ Change	Addition	1	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
HITLE:			Delete	TITLE				☐ Change	Addition	-	
NAME*	_		120000	NAME							
STREET ADDRESS				STRE	ET ADDRESS					ļ	
CITY-ST-ZIP				CITY-	ST-ZIP					1	
TITLE	···		☐ Delete	TITLE				Change	☐ Addition	1	
NAME	_			NAME	l l			change			
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> شارست شخصت</u> حين را دا ست		STREE	TADDRESS-		المنظمة	ي رامسيرت الركيا	شوي له ليسل	.	
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE		_ 	Delete .	TITLE		-	<u>-</u>	☐ Change	Addition		
NAME				NAME							
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP					ST-ZIP]	
13. I hereby coindicated of the	ertify that the i	information supplied with the or supplemental report is to the supplemental report is the the supplemental report is the supplemental	nis filing does not qualify for rue and accurate and that r	r the exer ny signat	nption stated in the shall have	n Section 1 Ne same le	19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; th	certify that the i	nformation or director		

of the corporation or the receiver or trustee empowered to execute this report as required by Chaptel 607 Florida Statutes; and that my name appears in Block 1,1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

305-3029175