

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90050 038 ***150.00

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1. Entity Name

R. LOLI PROPERTY MANAGEMENT, INC.



Principal Place of Business
1348 WASHINGTON AVE #203
MIAMI BEACH FL 33139

Mailing Address
1348 WASHINGTON AVE #203
MIAMI BEACH FL 33139

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

03-0446706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN, THOMAS G ESQ
218 ALMERIA AVE
CORAL GABLES FL 33134

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, ROSANA ☐ Delete
405 N HIBISCUS DR, UNIT 102
MIAMI FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☐ Change ☐ Addition
HERNANDEZ Rosana
2775 W. 52 St. #106
Hialeah FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, RAUL ☐ Delete
405 N HIBISCUS DR, UNIT 102
MIAMI FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. Secretary ☐ Change ☐ Addition
HERNANDEZ Raul
2775 W. 52 St. #106
Hialeah FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERMAN, THOMAS G
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

305-4562038

Daytime Phone #

CR2E034 (10/02)