

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90151 030 \*\*\*150.00

**DOCUMENT # P02000047752**

1. Entity Name  
**LOIRA CORPORATION**



Principal Place of Business  
**2835 WEST 71 PLACE  
HIALEAH FL 33018**

Mailing Address  
**2835 WEST 71 PLACE  
HIALEAH FL 33018**

**55047741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**46-04 789 50**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHIONG, LOBSANG  
2835 WEST 71 PLACE  
HIALEAH, FL FL 33018**

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 **P**  Delete  
NAME **CHIONG, LOBSANG G SR**  
STREET ADDRESS **2835 WEST 71 PLACE**  
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**RICHARD W. WILSON** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #  
 5504774  
 P02000047752

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/  
 DATE STAMP

AMOUNT OF DEPOSIT (Do NOT type, please print.)  
 DOLLARS CENTS

EIN 46-0478950 030412

LOIRA CORPORATION  
 2835 W 71ST PL  
 HIALEAH FL 33018-5339

IRS USE ONLY

Mark only one TYPE OF TAX		Mark only one TAX PERIOD			
<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 2nd Quarter	<input type="checkbox"/> 3rd Quarter	<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF
<input type="checkbox"/> 940	<input type="checkbox"/> 1042	<input type="checkbox"/> CT-1	<input type="checkbox"/> 940		

28 2 Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon  
 Form 8109 (Rev. 12-2000)

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