

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90132 018 ***150.00

DOCUMENT # P93000037571

1. Entity Name
LOA CORPORATION

Principal Place of Business

3941 E 8TH AVE
HIALEAH FL 33013

Mailing Address

3941 E 8TH AVE
HIALEAH FL 33013

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 65-0401937

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABALLERO, ARPEGIO
3941 E 8 AVE
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name **Peter R. Abesada Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
2903 Salzedo St
 City **Coral Gables** **FL** Zip Code **33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 DATE

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 **P**
 NAME **CABALLERO, ARPEGIO** ☒ Delete
 STREET ADDRESS **3941 E 8 AVE**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE **Olivia Caballero, Secretary/D** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **8095 NW 8 St Apt 110**
 CITY-ST-ZIP **Miami FL 33126**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Jairo A. Villavicencio**
 STREET ADDRESS **2784 W. Davie Blvd**
 CITY-ST-ZIP **Ft. Lauderdale FL 33312**

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **305 696 922v**
 Date Daytime Phone #

CR2E034 (9/01)