

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067028

1. Entity Name

LAKE LOUISE PROPERTIES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90115 042 ***150.00

00040000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7601 E TREASURE DR
1023
N BAY VILLAGE FL 33141
US

Mailing Address

7601 E TREASURE DR
1023
N BAY VILLAGE FL 33141
US

2. Principal Place of Business

1017 NE 203rd LN
Suite, Apt. #, etc.

3. Mailing Address

1017 NE 203rd W
Suite, Apt. #, etc.

City & State

N Miami Beach FL

City & State

N Miami Beach FL

4. FEI Number

65-0614050

Applied For

Not Applicable

Zip

Country

33179 USA

Zip

Country

33179 USA

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

SOARES, JACQUELINE S.
7601 E. TREASURE DR. #1023
N. BAY VILLAGE FL 33141

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PIRES, JACKSON L
CITY-ST-ZIP 7601 E TREASURE DR 1023
N BAY VILLAGE FL 33141

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSON L PIREZ

Date

Daytime Phone #

04/20/01 305 2497080

CR2E034 (10/00)