FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90125 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067028

1. Entity Name
LAKE LOUISE PROPERTIES, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1012 NE 203 LN	1012 NE 203 LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N MIAMI BCH FL	City & State: N MIAMI BEACH FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. FEI Number: 65-0614050 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JACQUELINE SOARES

Street Address (P.O. Box Number Is Not Acceptable): 1012 NE 203 LN

City: N. MIAMI BEACH FL Zip Code: 33179

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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.D.
NAME	JACKSON PIRES
STREET ADDRESS	2000 ISLAND BLVD # 1808
CITY-ST-ZIP	MIAMI FL 33180

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 04/18/02 305 249-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JACKSON PIRES - DIRECTOR