

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90047 014 \*\*\*150.00

**DOCUMENT #** P96000024112

**1. Entity Name**

LOUCAR HOLDINGS, INC.



**DO NOT WRITE IN THIS SPACE**

24039087

**2. Principal Place of Business**  
1617 N FLAGLER DR

**3. Mailing Address**  
1617 N FLAGLER DR

Suite, Apt. #, etc.  
APT 10-A

Suite, Apt. #, etc.  
APT 10-A

City & State  
WEST PALM BEACH, FL

City & State  
WEST PALM BEACH, FL

**4. FEI Number** 65-0672598

Applied For  
Not Applicable

Zip  
33407-6506

Country

Zip  
33407-6506

Country

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
ALONSO, LOURDES ASPURU

Street Address (P.O. Box Number is Not Acceptable)

1617 N FLAGLER DR APT 10-A

City  
WEST PALM BEACH FL Zip Code  
33407-6506

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALONSO, LOURDES A  
1617 N FLAGLER DR APT 10-A  
WEST PALM BEACH, FL 33407-6506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPURU, CARLOS M  
480 CASUARINA CONCOURSE  
CORAL GABLES, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other title empowered.**

**SIGNATURE:**

*Loucar Holdings, Inc. Lourdes A Alonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/04

Date

Daytime Phone #

CR2E034B (12/02)