

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90112 019 ***150.00

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

DOCUMENT # P96000026452 1. Entity Name LOCO PROPERTY MANAGEMENT, INC.			
Principal Place of Business C/O MICHAEL D. EHRENSTEIN, KLUGER, ET AL 201 S. BISCAYNE BLVD., 17TH FLOOR MIAMI, FL 33131 US		Mailing Address C/O MICHAEL D. EHRENSTEIN, KLUGER, ET AL 201 S. BISCAYNE BLVD., 17TH FLOOR MIAMI, FL 33131 US	
c/o Clint Strauch / Rolando Lopez		c/o Clint Strauch / Rolando Lopez	
2. Principal Place of Business 475 NE 125 St Suite, Apt. #, etc.		3. Mailing Address 475 NE 125 St Suite, Apt. #, etc.	
City & State N. Miami, FL		City & State N. Miami, FL	
Zip 33161		Zip 33161	
Country DADE		Country DADE	
4. FEI Number 65-0657942		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS INC. 201 S BISCAYNE BLVD STE 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Clint B. Strauch & Rolando Lopez Street Address (P.O. Box Number is Not Acceptable) 475 NE 125 St City N. Miami FL Zip Code 33161	
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: DATE: 4/11/03 Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's grant is required under statute.)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	LOPEZ, ROLANDO		
STREET ADDRESS	201 S. BISCAYNE BLVD., 17TH FL		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	D	☐ Delete	
NAME	STRAUCH, CLINT		
STREET ADDRESS	201 S. BISCAYNE BLVD., 17TH FL		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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 files empowered.			
SIGNATURE: DATE: 4/11/03 (305) 891-7227 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CIRC034 (10/02)