

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080320

1. Entity Name
THE LOYALTY GROUP, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90142 024 ***150.00

Principal Place of Business

5769 NW 7TH ST
297
MIAMI FL 33126
US

Mailing Address

5769 NW 7TH ST
297
MIAMI FL 33126
US

2. Principal Place of Business

1256 Medina Ave.

Suite, Apt. #, etc.

Coral Gables, FL

City & State

33134 USA

Zip

Country

3. Mailing Address

1256 Medina Ave.

Suite, Apt. #, etc.

Coral Gables, FL

City & State

33134 USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0704724

Applied For

Not Applicable

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

ROTEMAN, PHYLLIS
1256 MEDINA AVE
CORAL GABLES FL 33134

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

Phyllis Roteman (Phyllis Roteman, President)

1/21/01

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	P	<input type="checkbox"/> Delete
NAME	ROTEMAN, PHYLLIS	
STREET ADDRESS	1256 MEDINA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Phyllis Roteman (Phyllis Roteman)

Date

Daytime Phone #

1/21/01 305-476-0644

CR2E034 (10/00)