

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018240

1. Entity Name

LOAM ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

2600 DOUGLAS RD
501
CORAL GABLES FL 33134

2495 EAGLE WATCH LN
WESTON FL 33327-1404

2. Principal Place of Business

2495 EAGLE WATCH LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON

City & State

4. FEI Number

65-0856695

Applied For

Not Applicable

Zip

Country

FL

33327-1404

Zip

Country

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

HAGEN & HAGEN P.A. MAX M. HAGEN
3990 SHERIDAN ST
#104
HOLLYWOOD FL 33021

Name

JOHN YEAGER

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

300 SEVILLA AVE STE 215

City

CORAL GABLES

FL

Zip Code

33134

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

4/26/00

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, 2000 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 PST
STREET ADDRESS AMARO, RUBEN
CITY-ST-ZIP 2495 EAGLE WATCH LANE
FT. LAUDERDALE FL 33327

TITLE ☐ Delete

NAME D
STREET ADDRESS MORELLA, MACHADO
CITY-ST-ZIP 2495 EAGLE WATCH LANE
WESTON FL 33327

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME PST
STREET ADDRESS MORELLA, MACHADO
CITY-ST-ZIP 2495 EAGLE WATCH LANE
WESTON FL 33327

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

(954) 389-4902

CR2E034 (9/99)