

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90001 049 \*\*\*150.00

**DOCUMENT # P97000021897**

1. Entity Name  
**LOTTEM, INC.**

Principal Place of Business

**381 N KROME AVE  
 211  
 HOMESTEAD FL 33030  
 US**

Mailing Address

**381 N KROME AVE  
 200  
 HOMESTEAD FL 33030  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**381 N. Krome Avenue  
 Suite, Apt. #, etc.  
 205**

3. Mailing Address

**381 N. Krome Ave.  
 Suite, Apt. #, etc.  
 205**

City & State

**HOMESTEAD FL**

City & State

**HOMESTEAD, FL**

4. FEI Number **65-0790541**

Applied For

Not Applicable

Zip **33030**

Country **USA**

Zip **33030**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TREMBLAY, LORRAINE  
 381 N KROME AVE  
 HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name **CHARLES R. GUGLIUZZA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**381 Krome Avenue  
 SUITE 205  
 City HOMESTEAD FL Zip Code 33030**

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)



**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE **D** ☐ Delete  
 NAME **LOPEZ, RUFINO F**  
 STREET ADDRESS **24201 SW 192 AVENUE**  
 CITY-ST-ZIP **HOMESTEAD FL 33031**

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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ 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

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: **Rufino F Lopez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-24-2002 305-247-5040**

CR2E034 (9/01)