

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90446 037 \*\*\*150.00

DOCUMENT # P 97000046320

1. Entity Name

ALMACEN LOLAYA, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8215 NW 64 St

3. Mailing Address

8215 NW 64 St

Suite, Apt. #, etc.

# 7

Suite, Apt. #, etc.

# 7

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number 65-0758912

Applied For  
Not Applicable

Zip  
33166

Country

Zip  
33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GARCIA, MAURICIO

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

8215 NW 64 St # 7

City MIAMI

Zip Code 33166

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) ☐

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME P GARCIA, MAURICIO  
STREET ADDRESS 8215 NW 64 St # 7  
CITY - ST - ZIP MIAMI, FL 33166

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICIO GARCIA

Date

04-29-02

Daytime Phone #

786-845-0095

CR2E034B (12/01)