

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000029219**

1. Entity Name

LOZANO MANAGEMENT INC.**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90020 010 ***150.00

659843

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O MARQUEZ & FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI FL 33126	Mailing Address C/O MARQUEZ & FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI FL 33126
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2. Principal Place of Business c/o Nicolas Fernandez PA Suite, Apt. #, etc. 780 NW Le Jeune Road Suite 324 City & State Miami, FL	3. Mailing Address c/o Nicolas Fernandez PA Suite, Apt. #, etc. 780 NW Le Jeune Road Suite 324 City & State Miami, FL
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4. FEI Number 65-0855545	Applied For <input type="checkbox"/> Not Applicable
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Zip 33126	Country	Zip 33126	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDGAR, LOZANO 780 N.W. LEJEUNE ROAD, STE. 324 MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOZANO, CARLOS 780 N.W. LEJEUNE ROAD, STE. 324 MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **4-26-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)