

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91290 050 \*\*\*150.00

DOCUMENT # P98000041130

1. Entity Name

**LALALAN ENTERTAINMENT, INC.**

Principal Place of Business

**1172 S. DIXIE HIGHWAY  
 SUITE 436  
 CORAL GABLES, FL 33146**

Mailing Address

**1172 S. DIXIE HIGHWAY  
 SUITE 436  
 CORAL GABLES, FL. 33146**

**RECEIVED**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0948225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**ALEJANDRO NUNEZ, ESQ**

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

**250 GIRALDA AVENUE**

City

**CORAL GABLES**

FL

Zip Code

**33134**

**NUNEZ, ALEJANDRO, ESQ  
 1607 PONCE DE LEON BLVD.  
 SUITE 101  
 CORAL GABLES, FL 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

**ALEJANDRO NUNEZ**

(NOTE: Registered Agent signature required when reinstating)

**4-26-01**  
 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 **PSTD** ☐ Delete  
 NAME **WAN, SUELAN**  
 STREET ADDRESS **1172 S. DIXIE HIGHWAY #436**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SUELAN WAN** PRESIDENT **SUELAN WAN**

**4-26-01**

**305-7746222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (11/00)