

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90266 021 ***150.00

DOCUMENT # P98000073966

1. Entity Name
THE LOCO MOUSE COMPANY



Principal Place of Business
893 N.W. 123RD COURT
MIAMI FL 33182

Mailing Address
893 N.W. 123RD COURT
MIAMI FL 33182

2. Principal Place of Business
16277 SW 44 St.

3. Mailing Address
16277 SW 44 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL.

City & State
Miami, FL.

4. FEI Number **65-1003737**

Applied For
Not Applicable

Zip
33185

Country
U.S.A.

Zip
33185

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

QUESADA, ADALBERTO M
893 N.W. 123RD COURT
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name **Adalberto Quesada**
Street Address (P.O. Box Number is Not Acceptable)
16277 SW 44 St.
City **Miami** **FL** **Zip Code** **33185**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESADA, ADALBERTO M		NAME	Adalberto M. Quesada	
STREET ADDRESS	893 N.W. 123RD COURT		STREET ADDRESS	16277 SW 44 St.	
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	Miami, FL. 33185	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAULA, MARIA L		NAME	Maria L. Caula	
STREET ADDRESS	893 NW 123RD COURT		STREET ADDRESS	16277 SW 44 St.	
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	Miami, FL. 33185	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-APR-03 305-534-7904
Date Daytime Phone #

CR2E034 (10/02)