

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90068 005 ***150.00

DOCUMENT # P99000000064

1. Entity Name

THE LOTI GROUP, INC.

Principal Place of Business 213 S. SUNLAND DRIVE SANFORD FL 32773	Mailing Address 213 S. SUNLAND DRIVE SANFORD FL 32773
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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 **59-3553127** Applied For Not Applicable

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

80043790



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEBANDI, YVONNE M
213 S. SUNLAND DRIVE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name **YVONNE DEBANDI RABB**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Yvonne Debandi Rabb*, **YVONNE DEBANDI RABB** **4-25-01**
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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DEBANDI, YVONNE M 213 S SUNLAND DRIVEX SANFORD FL 32773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSO YVONNE DEBANDI RABB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 213 S SUNLAND DR SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y SCOTT ANTHONY RABB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 213 S SUNLAND DR SANFORD FL 32773
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Yvonne Debandi Rabb* **4-25-01** **407-321-4882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)