2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000007707** Jul 10, 2000 8:00 am Secretary of State 1. Entity Name LOLO OF FLORIDA, INC. 05-19-2000 90015 005 ***150.00 Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE #407 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131-2608 MIAMI FL 33131 ce of Business DO NOT WRITE IN THIS SPACE 4 FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) - 501 BRICKELL KEY DRIVE #407 **MIAMI FL 33131** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Bø 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME Stc - 802 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF Change Opinibly | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP ☐ Change ☐ Addition TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 yeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in I hereby certify that the information supp indicated on this report or supplemental of the corporation or the receiver or trus ntal report is emp changed, or on an attachment w Il other like empowered. TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR