

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029099

1. Entity Name

LLOBELL GROUP INC.

FILED

00 MAR -8 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3800 SHIPPING AVENUE MIAMI FL 33133	Mailing Address 3800 SHIPPING AVENUE MIAMI FL 33146-1517
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2. Principal Place of Business 44 Alhambra Cir #5 Suite, Apt. #, etc. #5 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 44 Alhambra Cir Suite, Apt. #, etc. #5 City & State Coral Gables, FL Zip 33134 Country USA
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4. FEI Number 05-0946063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LLOBEL, DANIEL 3800 SHIPPING AVENUE MIAMI FL 33133
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7. Name and Address of New Registered Agent Name MARCELO LLOBELL Street Address (P.O. Box Number is Not Acceptable) 44 Alhambra Circle #5 City Coral Gables FL Zip Code 33134
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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  MARCELO LLOBELL Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 03-00-00
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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, 2000 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD LLOBEL, DANIEL 3800 SHIPPING AVENUE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LLOBEL, MARCELO 3800 SHIPPING AVENUE MIAMI FL 33133 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003169722-8 -03/14/00--01116--004 ****150.00 ****150.00 P.V.D.S.T MARCELO LLOBELL 44 Alhambra Circle #5 Coral Gables, FL 33134 <input checked="" 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
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:  MARCELO LLOBELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 03-00-00 Daytime Phone # 305-446-9003
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CR2E034 (9/99)