

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P99000029099</b> 1. Entity Name <b>LLOBELL GROUP INC.</b>					
Principal Place of Business 44 ALHAMBRA CIRCLE, #5 CORAL GABLES, FL 33134			Mailing Address 44 ALHAMBRA CIRCLE, #5 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0946063</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LLOBEL, MARCELO</b> <b>44 ALHAMBRA CIRCLE, #5</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <u>Llobell Marcelo</u> Street Address (P.O. Box Number is Not Acceptable) <u>7925 NW 10th St #407</u> City <u>Miami</u> State <u>FL</u> Zip Code <u>33126</u>	
8. The above named entity admits 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, typed or printed name of registered agent and title if applicable. <u>Marcelo Llobell</u> (NOTE: Registered Agent's signature required when reinstating) Date <u>9/12/03</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDS LLOBEL, MARCELO 44 ALHAMBRA CIRCLE, #5 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/19/03--01033--001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>800024852508</b> 11/19/03--01033--001 <b>**150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLOBEL, MARCELO 44 ALHAMBRA CIRCLE, #5 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Marcelo Llobell</u> <u>9/12/03</u> <u>305-470-7504</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)

**TAX MANAGEMETN SERVICES CORPORATION**  
**7925 NW 12<sup>TH</sup> STREET SUITE 407**  
**MIAMI, FL 33126**  
**305-470-7504**

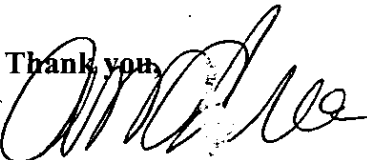
**September 15, 2003**

**REF: Llobell Group Inc**  
**DOC.#P99000029099**

**To Whom It May Concern:**

Enclosed please find a copy of the Uniform Business Report for the year 2003 which we never received during the year 2003. We had a change of address and we believe that this is the reason why we never received our report on time. We ask that you please waive the penalty since it was not our fault. Your prompt attention will be greatly appreciated.

Thank you,



**Arena J Prado,**  
**For the firm**