)218299 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000074930

1. Entity Name

LORIE VENTURES INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90996 025 ***150.00

	ENTONE	3 II 1 G.			100						
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131			520 SUN	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131							
2. Principal Place of Business			3. Ma	3. Mailing Address					 		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Nur	^{mber} 65-10112	70	ļ—	pplied For ot Applicable
Zip		Country	Zip		Country		5. Certifica	ate of Status Desired		\$8.75 Ad	
	6. Name	and Address of	of Current Registere	ed Agent			7. Name a	and Address of New			
					Na	ame					
FREEMAI	n, stephei	N A			C+-	root Addross //	DO Pov Num	mber is Not Acceptat			
520 BRIC	CKELL KEY	DRIVE			50	ieet Address (i	P.O. BOX NUN	fiber is Not Acceptat	ole)		
SUITE 0-	305										
MIAMI FL 33131						ty			FL	Zip Coc	le
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 						fice or register	ed agent, or	both, in the State of I		amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of rec	istered agent and title if app	olicable. (NOTE: Re	egistered Agent	t signature required	when reinstating)		DATE		
	HE NOWII	EEE 10 012	50.00						 .		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							۰	Election Campaign F	Tii	AF 6	
Aftei	r Mav 1. 200	3 Fee will be	\$550.00					, ,	· · -		0 May Be
	• ,		\$550.00 rtment of State					Trust Fund Contribut	· · -		O May Be d to Fees
	• ,	Florida Depa		PRS _	11.			, ,	tion.	Adde	d to Fees
Make Check	• ,	Florida Depa	rtment of State	Delete	11. TITLE	P/D		Trust Fund Contribut	tion.	Adde	d to Fees
Make Check 10.	PD MALTSEV	OFFICE A, INNA	rtment of State ERS AND DIRECTO			!Nata	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina	FFICERS AND	DIRECTOR Change	d to Fees
Make Check 10. TITLE NAME STREET ADDRESS	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State		TITLE NAME STREET ADD	Nata PRESS 520	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	DIRECTOR Change	d to Fees
Make Check 10. TITLE NAME	PD MALTSEV	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME	Nata PRESS 520	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	DIRECTOR Change	d to Fees S IN 11 Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO		TITLE NAME STREET ADDI CITY-ST-ZIF	Nata PRESS 520	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	DIRECTOR Change	d to Fees
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME	Nata 520 Mian	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	DIRECTOR Change	d to Fees S IN 11 Addition
Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD	Nata 520 Mian	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	DIRECTOR Change	d to Fees S IN 11 Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIF	Nata 520 Mian	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE	Nata 520 Mian	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	DIRECTOR Change	d to Fees S IN 11 Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIF	Nata SPESS 520 Miam WHESS	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME	INata 520 Mlam Mlam Peress P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI STREET ADDI STREET ADDI	INata 520 Mlam Mlam Peress P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF	INata 520 Mlam Mlam Peress P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change	S IN 11 Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI STREET ADDI STREET ADDI	INata 520 P Mian PRESS P RESS	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	S IN 11 Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME TITLE NAME TITLE NAME	INata 520 P Mian PRESS P RESS	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE TITLE NAME STREET ADDI CITY-ST-ZIF TITLE	INata 520 P Mian PRESS P RESS	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	S IN 11 Addition Addition
Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	INata 520 P Mian PRESS P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI STREET ADDI STREET ADDI	INata 520 P Mian PRESS P RESS P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	INata 520 P Mian PRESS P RESS P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder Adder Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition
Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI STREET ADDI STREET ADDI	INata 520 P Mian PRESS P RESS P	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE NAME TITLE TITLE	PD MALTSEV 520 BRIC	OFFICE A, INNA KELL KEY DR	rtment of State ERS AND DIRECTO	Delete Delete Delete	TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME	INata 520 P Miam Miam Miam Miam Miam Miam Miam Miam	ADDITION	Trust Fund Contribut NS/CHANGES TO OF tkina 11 Key Driv	FFICERS AND	Adder Adder Change Change Change	d to Fees S IN 11 Addition Addition Addition 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.

SIGNATURE:

VILLEDE DE CILIDED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-374-3800

<u>2/19/03</u>

Daytime Phone #

;R2E034 (10/0