

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100576

1. Entity Name

LOBAREDE & ASSOCIATES CORP.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90161 032 ***158.75

Principal Place of Business

1441 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139

Mailing Address

1441 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139

2. Principal Place of Business

1059 Collins Ave # 201 Miami Beach, FL 33139

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. FEI Number

65-0962892

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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.
(See criteria on back)

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 PDS
NAME PALAZUELOS, ANDREA
STREET ADDRESS 1441 LINCOLN ROAD, SUITE 204
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VTD
NAME LOBAREDE, CHRISTIAN R
STREET ADDRESS 1441 LINCOLN ROAD, SUITE 204
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME CLAUDE GROULX
STREET ADDRESS 1059 Collins Ave # 201
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
Date

305-534-5553
Daytime Phone #

CR2E034 (10/00)