

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16475

1. Entity Name
LORO CORPORATION

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90256 042 ***150.00

Principal Place of Business

**14685 SW 104TH STREET
MIAMI FL 33106
US**

Mailing Address

**3040 SW 78 COURT
MIAMI FL 33155
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0318949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, JOSEETA
3040 SW 78 COURT
MIAMI FL 33155**

Name
ANGELINA L. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
6808 S.W. 105th Court

City
Miami

FL

Zip Code
33173

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

Angelina L. Rodriguez

2-14-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSLFA C.	
STREET ADDRESS	3040 SW 78 COURT	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANGELINA L	
STREET ADDRESS	6808 SW 105 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ARTHUR F	
STREET ADDRESS	6808 S.W. 105 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JOSEFA C.	
STREET ADDRESS	3040 S.W. 78th Court	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	D/P/V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANGELINA, L.	
STREET ADDRESS	6808 S.W. 105th Court	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ARTHUR, F.	
STREET ADDRESS	6808 S.W. 105th Court	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Arthur F. Rodriguez **ARTHUR F. RODRIGUEZ**

2-14-01

Date

305-386-8089

Daytime Phone #

CR2E034 (10/00)