

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40337

1. Entity Name
THE LOFFLERS DESIGN GROUP, INC.

Principal Place of Business

5990 SW 83ST
MIAMI FL 33143
US

Mailing Address

P. O. BOX 431440
MIAMI FL 33143
US

2. Principal Place of Business

13301 SW 83CT

Suite, Apt. #, etc.

3. Mailing Address

13301 SW 83CT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

U.S.A.

Zip

33156

Country

U.S.A.

4. FEI Number

65-0351219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOFFLER, KASUMI
13301 SW 83RD CT
MIAMI FL 33156

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME LOFFLER, LEONARD
STREET ADDRESS 13301 SW 83CT
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE S
NAME LOFFLER, ALEXANDER
STREET ADDRESS 6150 SW 84ST
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE S
NAME LOFFLER, KASUMI
STREET ADDRESS 13301 SW 83RD CT.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME LOFFLER, ALEXANDER
STREET ADDRESS 6839 SW 74 TER. APT. 302
CITY-ST-ZIP Miami, FL 33143 ☒ Change ☐ Addition

TITLE VP
NAME LOFFLER, KASUMI
STREET ADDRESS 13301 SW 83CT
CITY-ST-ZIP Miami FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature] KASUMI LOFFLER

9/1/01

(305)253-1578

Date

Daytime Phone #

0117414 AT

00062900



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)