

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71993

1. Entity Name

LORET ENTERPRISES, INC.

Principal Place of Business

1627 BRICKELL AVE  
APT 2103  
MIAMI FL 33129

Mailing Address

255 ALHAMBRA CIRCLE  
SUITE 715  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RUBIN, CHARLES D.  
9100 S DADELAND BLVD  
SUITE 1707  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name *Rolando Delgado*

Street Address (P.O. Box Number is Not Acceptable)

*2665 South Bayshore Drive, Suite 200*

City *Miami, FL*

FL

Zip Code *33133*

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

*4/27/01*

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 \$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 ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **FANGIO, JUAN M II**  
CITY-ST-ZIP **1627 BRICKELL AVE., SUITE 2704**  
**MIAMI FL**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **FANGIO, VMANA**  
CITY-ST-ZIP **1627 BRICKELL AVE., SUIT 2704**  
**MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT SECRETARY**  
STREET ADDRESS **ROLANDO DELGADO**  
CITY-ST-ZIP **2665 South Bayshore Drive, Suite 200**  
**MIAMI, FL. 33133**

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

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

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TITLE ☐ Change ☐ 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

*4/27/01*

Date

*(305) 285-0800*

Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90153 024 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)