

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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**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**

00040104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0373633**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
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 CITY-ST-ZIP  Delete

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 CITY-ST-ZIP  Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/01*  
 Date

*(305) 285-0800*  
 Daytime Phone #

CR2E034 (10/00)