1/9/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-09-2003 90027 002 ***158.75

55003722

DOCUMENT # F59194

1. Entity Name
LU INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
400 SOUTH DIXIE HWY, STE 4 HALLANDALE FL 33009 US	400 SOUTH DIXIE HWY, STE 4 HALLANDALE FL 33009 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
400 SOUTH DIXIE HWY		400 DIXIE HWY	
Suite, Apt. #, etc.: SUITE # 4		Suite, Apt. #, etc.: SUITE #4	
City & State: HALLANDALE, FLORIDA		City & State: HALLANDALE, FLORIDA	
Zip: 33009	Country: USA	Zip: 33009	Country: USA

4. FEI Number 59-2217755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANOFF, ROBERT E., P.A.
9400 S. DADELAND BLVD.
SUITE 106
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTM BAGDADI, RUGGIERO 400 SOUTH DIXIE HWY, STE 4 HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 01/03/03 954-457-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ruggiero Bagdadi Date Daytime Phone #