

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L96661**

1. Entity Name  
**LU-MECH, INC.**

**FILED**  
 02 JUN -3 AM 11: 24  
 SECRETARY OF STATE,  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
 3301 RICKENBACKER CAUSEWAY      3301 RICKENBACKER CAUSEWAY  
 KEY BISCAYNE FL 33145      KEY BISCAYNE FL 33145

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. # etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE  
 02-07-02 90305 035 \$150.00

4. FEI Number **65-0215225**      Applied For   
 Not Applicable

6. Certificate of Status Desired       \$8.75 Additional  
 Fee Required

8. Name and Address of Current Registered Agent  
**STOLZENBERG, GELLES & ZILBER, P.A.**  
 2950 S.W. 27TH AVENUE  
 SUITE 210  
 MIAMI FL 33133

7. Name and Address of New Registered Agent  
**Jared Gelles, Esq.**  
**Rafferty, Gutiérrez, Sánchez-Aballí,**  
**Stolzenberg & Gelles, P.A.**  
 1101 Brickell Avenue, Suite 1400  
 Miami, FL 33131

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 *Jared Gelles, Shareholder*      DATE **2/27/02**

(Signature typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when remaining.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2002 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 STREET ADDRESS CITY-ST-ZIP	<b>APD GONZALEZ, RENE 3301 RICKENBACKER CAUSEWAY KEY BISCAYNE FL-33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: *Jared Gelles*      Date **2/16/2002**      Daytime Phone **305-3656350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (9/01)