**FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT # P9400084832 1. Entity Name 05-21-2001 90349 021 \*\*\*150.00 LUMAS DESIGNS, INC. Principal Place of Business Mailing Address 1830 Aragon Ave 1830 Aragon Ave. Lake Worth, Fl 33461 Lake Worth, Fl 33461-2608 769030 2. Principal Place of Business 3. Mailing Address 226 N. Dixie Hwy. 226 N. Dixie Hwy. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Lake Worth FL 33460 Lake Worth, Fl 33460 65-0533859 Country Country \$8.75 Additional 5. Certificate of Status Desired  $\bigcap$ 33460 US 33460 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Soto, Maria A Maria A. Soto, Street Address (P.O. Box Number is Not Acceptable) 226 N. Dixie Hwy. 1830 Aragon Ave. Lkae Worth, Fl 33461 City Lake Worth 8. The above named entity hanging its registered office or registered agent, or both, in the State of Florida. statement for the our SIGNATURE . NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Defete Addition Soto, Maria A. STREET ADDRESS 101 NE 27th Court STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL 33435 TITLE ☐ Delete TITLE Change Addition NAME NAME Soto, Luciano STREET ADDRESS STREET ADDRESS 101 NE 27th Court CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, Fl 33425 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supply indicated on this report or supplement of the corporation or the receiver or the changed, or on an attac rment with 561-540

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR