

# 2000 UNIFORM BUSINESS REPORT (UBR)

0195923

## DOCUMENT # P95000097678

APPROVED  
AND  
FILED

00 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**LUMINA PROPERTIES, INC.**

Principal Place of Business      Mailing Address  
**905 BRICKELL BAY DRIVE  
TOWER 2, SUITE 1226  
MIAMI FL 33131**      **C/O PENINSULA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD., #4874  
MIAMI FL 33131-2303**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **65-0670574**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PENINSULA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD. #4874  
MIAMI FL 33131**

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

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, 2000 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>DP MAURICIO FACUSSE, MIGUEL 905 BRICKELL BAY DRIVE, T-II, SUITE 1226 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700003260137--2</b> <b>05/13/00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>***150.00</b> <b>***150.00</b>
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
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)(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 information empowered.

SIGNATURE: \_\_\_\_\_      Date **4/6/00**      Daytime Phone # **(305) 358-8760**

CF2E034 (9/99)