## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DO@UMENT # P9700000266 LUMEN TECHNOLOGIES, INC. 04-23-2001 90107 047 \*\*\*150.00 Principal Place of Business Mailing Address 16301 SW 145TH COURT 16301 SW 145TH COURT MIAM! FL 33177 MIAMI FL 33177 33J4VJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0715127 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALONZO, KAY Street Address (P.O. Box Number is Not Acceptable) 16301 SW 145TH COURT MIAM! FL 33177 City 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. 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Addition ☐ Delete TITLE ALONZO, KAY NAME NAME STREET ADDRESS STREET ADDRESS 16301 SW 145TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 ☐ Addition D ☐ Delete TITLE ☐ Change TITLE NAME ALONZO, ALICIA NAME STREET ADDRESS STREET ADDRESS 16301 SW 145 CT CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33177 ☐ Change ☐ Addition **VP** ☐ Delete TITLE TITLE NAME ALONZO, ANDREW STREET ADDRESS STREET ADDRESS 16301 SW 145 COURT CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33177</u> Delete Change ☐ Addition TITLE NAME ALONZO, ANTHONY NAME STREET ADDRESS STREET ADDRESS 21959 SW 124 PL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33170** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME ALONZO, AARON STREET ADDRESS STREET ADDRESS 16301 SW 145 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 adultes, with all other like empowered.

ANDREW ALONZO

SIGNATURE:

305 378 5224