

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90154 006 ***150.00

DOCUMENT # P97000000266

1. Entity Name
LUMEN TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
16301 SW 145TH COURT 16301 SW 145TH COURT
MIAMI FL 33177 MIAMI FL 33177

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

Zip Country Zip Country

4. FEI Number **65-0715127** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONZO, KAY
16301 SW 145TH COURT
MIAMI FL 33177

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

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	P <input type="checkbox"/> Delete
NAME	ALONZO, KAY
STREET ADDRESS	16301 SW 145TH COURT
CITY-ST-ZIP	MIAMI FL 33177
TITLE	D <input type="checkbox"/> Delete
NAME	ALONZO, ALICIA
STREET ADDRESS	16301 SW 145 CT
CITY-ST-ZIP	MIAMI FL 33177
TITLE	VP <input type="checkbox"/> Delete
NAME	ALONZO, ANDREW
STREET ADDRESS	16301 SW 145 COURT
CITY-ST-ZIP	MIAMI FL 33177
TITLE	D <input type="checkbox"/> Delete
NAME	ALONZO, ANTHONY
STREET ADDRESS	21959 SW 124 PL
CITY-ST-ZIP	MIAMI FL 33170
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ALONZO, AARON
STREET ADDRESS	16301 SW 145 CT
CITY-ST-ZIP	MIAMI FL 33177
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *Kay Alonzo* (KAY ALONZO) 04-08-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BUDD



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)