## 2003 FOR PROFIT CORPORATION

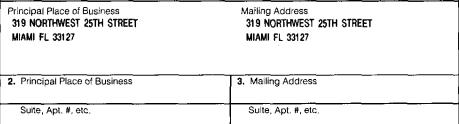
**UNIFORM BUSINESS REPORT (UBR)** 



May 19, 2003 8:00 am Secretary of State 05-19-2003 90221 043 \*\*\*150.00

**FILED** 

DOCUMENT # 1. Entity Name LUICHINY, INC.	V25504	





☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number 65-0325769 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Not Applicable \$8.75 Additional Fee Required

Applied For

TEICHNER, LEE 701 BRICKELL AVE **MIAMI FL 33131** 

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

City

SIGNATURE

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ,TITLE TITLE ☐ Change ☐ Addition ☐ Delete HABIF, MORENO NAME NAME 319 NW 25TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-71P CITY-ST-ZIP Change ■ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change . Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with the 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 peport is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dir, of the corporation or the receiver or truffice empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block indicated on this report or supplemental of the corporation or the receiver or truchanged, or on an attachment with

SIGNATURE: