

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90926 050 \*\*\*150.00

**DOCUMENT # P95000032723**

1. Entity Name

LU-AL INC.

Principal Place of Business

Mailing Address

1421 N.E. 202 STREET  
MIAMI FL 33179  
US1421 N.E. 202 STREET  
MIAMI FL 33179-5160  
US

B0094501

2. Principal Place of Business

1421 N.E. 202 St.

3. Mailing Address

1421 N.E. 202 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

MIAMI - FL

City &amp; State

MIAMI - FL

4. FEI Number

65-0576840

Applied For

Not Applicable

Zip Country

33179 USA

Zip Country

33179 USA

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

Name

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

City

FL

Zip Code

ATTARDI, GIOVANNI  
1421 N.E. 202 STREET  
MIAMI FL 33179

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PO ☐ Delete  
NAME ATTARDI, GIOVANNI  
STREET ADDRESS 1421 N.E. 202 STREET  
CITY-ST-ZIP MIAMI FL 33179TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☒ Delete  
NAME ATTARDI, CARON  
STREET ADDRESS 1421 NE 202 ST  
CITY-ST-ZIP MIAMI FL 33179TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 (305) 651-2066