

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90164 018 ***150.00

DOCUMENT # P94000027729

1. Entity Name
LUIS & COMPANY, INC.

Principal Place of Business

**30 NE 1 ST
 SUITE 3
 MIAMI FL 33132
 US**

Mailing Address

**30 NE 1 ST
 SUITE 3
 MIAMI FL 33132
 US**

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 **65-0694528**

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

**SHIENBAUM, GOLDIE
 8877 COLLINS AVE
 MIAMI BEACH FL 33154**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/16/02**

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, 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

T ☐ Delete
 SHIENBAUM, GOLDIE
 8877 COLLINS AVE 902
 MIAMI BEACH FL

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

P ☐ Delete
 SHIENBAUM, LUIS
 8877 COLLINS AVE 902
 MIAMI BEACH FL

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

S ☐ Delete
 SHIENBAUM, GREGG
 8877 COLLINS AVE 902
 MIAMI BEACH FL

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
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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 #

CR2E034 (9/01)