FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90108 006 ***150.00

90055991

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004773

1. Entity Name
LUHMYL CORPORATION

Principal Place of Business	Mailing Address
~~2600 DOUGLAS ROAD~~ ~~PH 6~~ ~~CORAL GABLES, FL 33134~~	~~C/O MICHAEL ORTIZ~~ ~~328 MINORCA AVENUE 2ND FLOOR~~ ~~CORAL GABLES, FL 33134~~

2. Principal Place of Business	3. Mailing Address
2121 Ponce de Leon Blvd	2121 Ponce de Leon Blvd
Suite, Apt. #, etc.: 330	Suite, Apt. #, etc.: 330
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1067477 ☐ 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
~~ORTIZ, MICHAEL~~ ~~2600 DOUGLAS ROAD~~ ~~PH 6~~ ~~CORAL GABLES, FL 33134~~	Name: Michael Ortiz Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd Suite 330 City: Coral Gables FL Zip Code: 33134

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.

SIGNATURE: [signature] Michael Ortiz 3/7/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP FLEITA, FELICIANO MP ~~2600 DOUGLAS RD. PH 6~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP Fleita, Feliciano MP 2121 Ponce de Leon Blvd, Ste 330 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ORTIZ, LISSETTE ~~2600 DOUGLAS RD. PH 6~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT Ortiz, Lissette 2121 Ponce De Leon Blvd, Ste. 330 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ORTIZ, MICHAEL ~~2600 DOUGLAS RD. PH 6~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ortiz, Michael 2121 Ponce de Leon Blvd, Ste 330 Coral Gables, FL 33134	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lissette Ortiz Lissette Ortiz, Vice-_President 305-476-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #