## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 05, 2001 8:00 am Secretary of State **DOCUMENT # 440773** LUMILITE INDUSTRIES, INC. 03-05-2001 90282 047 \*\*\*150.00 Principal Place of Business Mailing Address 5713 S.W. 81 ST 5713 S.W. 81 ST P O BOX 431095 P O BOX 431095 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1524142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAUFMAN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5713 S.W. 81ST ST. **MIAMI FL 33143** 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** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete Change ☐ Addition NAME KAUFMAN, RICHARD STREET ADDRESS STREET ADDRESS 5713 S.W. 81ST ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. O. ☐ Delete TITLE Change ☐ Addition STD NAME KAUFMAN, DORIS STREET ADDRESS STREET ADDRESS 5713 S.W. 81ST ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 0 TITLE .. \_ ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP