## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## 479034 **DOCUMENT #**



**FILED** Mar 10, 2003 8:00 am Secretary of State

Signature   Delete   Country   Zip   Country   S. Certificate of Status Desired   Say 75 Additional Piece Required   Pee Req	LUANAMM ENTERPRISES, INC.				03-10-2003 907/9 044	***150.00
Sulfe, Apt if, etc.  Sulfe, Apt if, etc.  Sulfe, Apt if, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  FRUIZ, JUAN I.  130 W. 36TH ST.  HALEAH FL 33012  Signer, Apt if, etc.  City & State  Country  Signer, Address of Current Registered Agent  Name.  Signer, Address of New Registered Agent  Name and Address of	6895 W 12TH AVE HIALEAH FL 33014		1070 W. 32ND ST.			
City & State  Country  Country  Country  Country  Country  Country  S. Crifficiant of Sp-1627023	Principal Place of Business     3. Mailing Address			ville arre	T TORREST BLOCK I BOOK I BOOK I THE BOOK I T	B)/ B
Sy-162/U23   S. Continy   S. Continy   S. Continy   S. Continue   Sy-162/U23   S.	Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
RUIZ, JUAN I.  TILE PUZ, JUAN I.	City & Star	te	City & State		4. FEI Number 59-1627023	Applied For Not Applicable
RIUIZ, JUAN I. 130 W. 36TH ST. HIALEAH FL 33012  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations of registered agent, or post in the State of Florida. I am familiar with, and accept that obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that of the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that of the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that of the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept that of the obligations of registered agent.  Interest works a supplied to the state of Florida. I am familiar with, and accept that of the obligations of registered	Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8 Fee	.75 Additional Required
Street Address (P.C. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Age	nt
SIGNATURE  STATUME  TILE NOW!! FEE IS S150.00 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  TILE  PO BUILZ, JUAN I.  SINEET ADDRESS  CITY-S1-2P  TILE  STATUMES  STATUMES  STATUMES  STEET ADDRESS  CITY-S1-2P  TILE  TILE  Delete  TILE  Delete	RUIZ, JUA	N I.	The second second second second		· · · · · · · · · · · · · · · · · · ·	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the dolligations of registered agent.    Signature	130 W. 36	TH ST.		Street Addres	s (P.O. Box Number is Not Acceptable)	
SIGNATURE   Signature, typed or printed harm of registered agent and steel if aupticable. (NOTE Registered Agent agrature reasoned when centaining)   DATE	HINCENH	1 C 33012		City	FL	Zip Code
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			for the purpose of changing	ng its registered office or regis	stered agent, or both, in the State of Florida. I am fam	iliar with, and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME SITRET ADDRESS SITRET ADDRESS TITLE NAME STREET ADDRESS TITLE TITLE ST CAPLOS M. RUIZ STREET ADDRESS TOTY-ST-2P TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE ST CAPLOS M. RUIZ STREET ADDRESS		Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Registered Agent signature requ	sired when reinstating) DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CARLOS M. RUIZ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Afte	r May 1, 2003 Fee will be \$550.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CARLOS M. RUIZ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11
TITLE NAME CARLOS M. RUIZ 1070 W. 32ND ST. HALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	PD Ruiz, Juan I. 130 w. 36th St.		NAME STREET ADDRESS		
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change Addition

12. I hereby certify that the information supplied with this filling 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 place like empowered.

SIGNATURE: 2

PRESIDENT

Daytime Phone #