

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 554171

1. Entity Name
LUMINAIRE (MIAMI), INC.



Principal Place of Business
8950 NW 33 ST
MIAMI, FL 33172 US

Mailing Address
8950 NW 33 ST
MIAMI, FL 33172 US

FILED

2008 MAR 19 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1779022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KASSAMALI, NASIR
8950 NW 33 ST
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KASSAMALI, NARGIS N.
8950 NW 33 ST
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KASSAMALI, NARGIS N.
8950 NW 33 ST
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100120780351
03/20/08--01004--014 **800.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NASIR KASSAMALI

PRESIDENT

1/29/08

(305) 437-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #