

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90168 027 ***150.00

DOCUMENT # 599066

1. Entity Name
LUBA MOTORS, INC.



Principal Place of Business
8033 N.W. 36TH STREET
SUITE 4400
MIAMI FL 33166

Mailing Address
8033 N.W. 36TH STREET
SUITE 4400
MIAMI FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1873798**

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

ISICOFF, ERIC D ESQ.
1101 BRICKELL AVENUE
SUITE 704
MIAMI FL 33131

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. 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, 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	CD	☐ Delete
NAME	RIBADENEIRA, DIEGO	
STREET ADDRESS	8033 N.W. 36TH STREET, SUITE 440	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VS	☐ Delete
NAME	RIBADENEIRA, DANIELA	
STREET ADDRESS	8033 N.W. 36TH STREET, SUITE 440	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	☐ Delete
NAME	MENENDEZ, GEORGINA	
STREET ADDRESS	8033 NW 36TH ST #440	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	ST	☐ Delete
NAME	GARCIA, PRISCILLA	
STREET ADDRESS	8033 NW 36TH ST #440	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Priscilla F. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03
Date

(305) 597-9044
Daytime Phone #

CR2E034 (10/02)