

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 015 ***150.00

DOCUMENT # 685506

1. Entity Name
 Luque Enterprises, Inc.

Principal Place of Business Mailing Address

659386

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7360 N.W. 78th St.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 667986
 Suite, Apt. #, etc.

City & State
 Miami, Florida

City & State
 Miami, Florida

4. FEI Number
 59-2075089

Applied For
 Not Applicable

Zip
 33166

Country

Zip
 33166

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

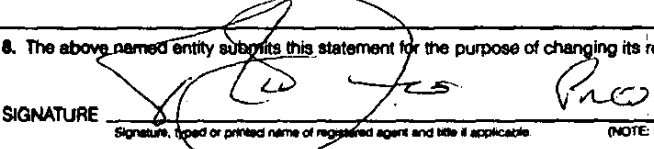
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Luque, Robert E.
 10360 SW 124 ST
 Miami, Florida 33176

Name
 Luque, Robert E.
 Street Address (P.O. Box Number is Not Acceptable)
 18352 NW 68 AVE
 APT # E
 City Hialeah FL Zip Code 33015

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  DATE 4/30/01
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reinstating)

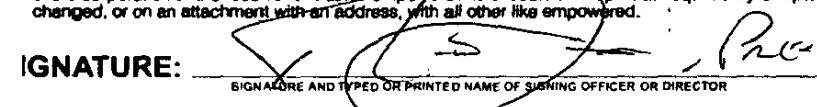
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luque, Robert E. 7360 NW 78 ST Miami, Florida 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luque Robert E. 18352 NW 68 Ave Hialeah, FL 33015	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE:  DATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)