

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A97000000374**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Wly/20

02 APR 22 PM 3: 14

1. Entity Name
LUCA INVESTMENTS, LTD.

Principal Place of Business
**5900 S.W. 100TH STREET
MIAMI FL 33156**

Mailing Address
**5900 S.W. 100TH STREET
MIAMI FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
65-0738290

Applied For
Not Applicable

Zip

Country

Zip

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

**ECHENIQUE, LUIS JR.
5900 S.W. 100TH STREET
MIAMI FL 33156**

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.

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

DATE _____

9. Capital Contributions as Shown on record. **\$99,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000013588**
NAME **SCHMEIL MANAGEMENT, INC.**
STREET ADDRESS **5900 S.W. 100TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

4-19-02

CR2E003 (9/01)