

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38349

1. Entity Name
LUXCOR, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90107 018 ***150.00

Principal Place of Business

55 NE 94 ST
MIAMI FL 33138

Mailing Address

55 NE 94 ST
MIAMI FL 33179-3416

2. Principal Place of Business

1201 NE 98th ST.

Suite, Apt. #, etc.

3. Mailing Address

1201 NE 98th ST.

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip 33138

Country USA

City & State

Miami Shores, FL

Zip 33138

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2231445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEGEDUS, PILAR
C/O CLAUDIA CORRAL
3600 MYSTIC POINTE, STE 615
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name HEGEDUS, PILAR
Street Address (P.O. Box Number is Not Acceptable)
c/o Ines Hegedus-Garcia
1201 NE 98th ST.
City Miami Shores FL Zip Code 33138

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

11. OFFICERS AND DIRECTORS

TITLE	SDT	<input type="checkbox"/> Delete
NAME	PILAR, HEGEDUS	
STREET ADDRESS	55 NE 94 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLER, ANTONIO CORRAL	
STREET ADDRESS	55 NE 94 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARCASCIANO, SALVATORE P	
STREET ADDRESS	55 NE 94 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (305) 157-0822
Date Daytime Phone #

CR2E034 (9/99)