2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 08:00 AM
Secretary of State

DOCUMENT # **G62397**

1. Entity Name
LLURIA MARINE SERVICE CORP.

Principal Place of Business	Mailing Address
220 SEAVIEW DRIVE., #102	220 SEAVIEW DRIVE., #102
KEY BISCAYNE FL	KEY BISCAYNE FL
33149	33149

2. Principal Place of Business	3. Mailing Address
433 DAROCO AVENUE	433DAROCO AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY BISCAYNE FL	City & State: CORAL GABLES FL
Zip: 33146 Country:	Zip: 33146 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2746091** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA CRUZ LUIS
241 SEVILLA AVENUE., STE 805
CORAL GABLES FL
33144 US

7. Name and Address of New Registered Agent

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 ______________________ 08/14/2001
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, 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	LLURIA ANA		NAME	LLURIA ANA	
STREET ADDRESS	220 SEAVIEW DRIVE., #102		STREET ADDRESS	433 DAROCO AVENUE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PS	☐ Delete	TITLE	PS	☒ Change ☐ Addition
NAME	LLURIA MIGUEL		NAME	LLURIA MIGUEL	
STREET ADDRESS	220 SEAVIEW DRIVE., #102		STREET ADDRESS	433 DAROCO AVENUE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: MIGUEL LLURIA PS 08/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #