LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State
07-30-2002 90426 018 ****55.00

DOCUMENT # L01000016589

1. Entity Name

LUKRA, LLC ✓

DO NOT WRITE IN THIS SPACE

971683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15 Antilla Avenue Apt 1	15 Antilla Avenue Apt 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 04-3685837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ana M. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 15 Antilla Avenue Apt 1
City: Miami FL Zip Code: 33134

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] 6-20-02
Signature, typed or printed name of registered agent and title if applicable. DATE

~~FEE IS $50.00~~
~~Make Check Payable to Department of State~~
~~DUE BY MAY 1~~

9. MANAGING MEMBERS/MANAGERS

TITLE	President	TITLE	
NAME	Ana M. Gonzalez	NAME	
STREET ADDRESS	15 Antilla Ave Apt 1	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33134	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Ivo Jooren	NAME	
STREET ADDRESS	15 Antilla Ave Apt 1	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33134	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 6-20-02 305-815-6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #