

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-17-2003 90007 033 ****55.00

DOCUMENT # L02000031176	
1. Entity Name LUPHA INTERIORS, LLC	

Principal Place of Business 6423 COLLINS AVENUE, #1103 MIAMI BEACH FL 33141	Mailing Address 6423 COLLINS AVENUE, #1103 MIAMI BEACH FL 33141
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 34-1975601	Applied For Not Applicable
5. Certificate of Status Desired  \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LINCOLN, TIMOTHY C ESQ. 5601 NORTH DIXIE HIGHWAY, SUITE 411 420 FT. LAUDERDALE FL 33334
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOTHY C. LINCOLN 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334	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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Timothy C. Lincoln</i> Timothy C. Lincoln	2/3/03	(954) 202-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

CR2E0as (10/02)