

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05909

1. Entity Name

LUMINAIRE (CHICAGO), INC.

Principal Place of Business

7300 SW 45TH STREET
MIAMI FL 33155

Mailing Address

7300 SW 45TH STREET
MIAMI FL 33155

2. Principal Place of Business

8950 NW 33RD ST

3. Mailing Address

8950 NW 33RD ST

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

58-1857039

Applied For

Not Applicable

Zip

33172-1223

Country

USA

Zip

33172-1223

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASSAMALI, NASIR
7300 SW 45 STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8950 NW 33RD ST

City

MIAMI

FL

Zip Code

33172-1223

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DVP
NAME KASSAMALI, NARGIS N.
STREET ADDRESS 7300 S W 45TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DP
NAME KASSAMALI, NASIR
STREET ADDRESS 7300 S W 45TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8950 NW 33RD ST
CITY-ST-ZIP MIAMI FL 33172-1223 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 8950 NW 33RD ST
CITY-ST-ZIP MIAMI FL 33172-1223 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED President,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/2000

(305) 437-7925
Daytime Phone #

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90235 040 ***550.00

04-12-2000 90085 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)