

FILED

Apr 27, 2005 08:00 AM

Secretary of State

DOCUMENT # L05909

1. Entity Name

LUMINAIRE (CHICAGO), INC.

Seal of the State of Florida

APR 27 2005 08:00 AM

177/12683

Secretary of State

Principal Place of Business

8950 NW 33RD ST

MIAMI FL 33172-1223

Mailing Address

8950 NW 33RD ST

MIAMI FL 33172-1223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Barcode

1st MOORE

CR2E034 (10/04)

4. FEI Number

58-1857039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KASSAMALI, NASIR

8950 NW 33RD ST

MIAMI FL 33172-1223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DVP

KASSAMALI, NARGIS N.

8950 NW 33RD ST

MIAMI FL 33172-4223

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DP

KASSAMALI, NASIR

8950 NW 33RD ST

MIAMI FL 33172-4223

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NASIR KASSAMALI

Per. 10000

DATE

Daytime Phone #