

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M89217**

1. Entity Name

LUVIMA, INC.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90042 033 ***150.00

Principal Place of Business

**2588 S.W. 27TH AVENUE
MIAMI FL 33133**

Mailing Address

**2588 S.W. 27TH AVENUE
MIAMI FL 33133**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MIYAR, RAMON
2588 S.W. 27TH AVENUE
MIAMI FL 33133**

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

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

TITLE	PD	☐ Delete
NAME	VILLA, LUIS ALBERTO	
STREET ADDRESS	2588 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	☐ Delete
NAME	VILLA, AMPARO	
STREET ADDRESS	2588 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	☐ Delete
NAME	VILLA, JORGE ALBERTO	
STREET ADDRESS	2588 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE	ST	☐ Delete
NAME	VILLA, LUIS ALBERTO	
STREET ADDRESS	2588 S.W. 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

015/35