

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90016 039 \*\*\*150.00

0261530 AV

**DOCUMENT # P00000003544**

1. Entity Name  
**ILUMINACIONES CIENTIFICAS CORP.**

Principal Place of Business  
**8029 NORTHWEST 66TH STREET**  
**MIAMI FL 33166**

Mailing Address  
**8029 NORTHWEST 66TH STREET**  
**MIAMI FL 33166**



2. Principal Place of Business  
**630 NORTH 65 TR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**630 NORTH 65 TR.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HOLLYWOOD FL.**  
 Zip **33024** Country **USA**

City & State  
**HOLLYWOOD**  
 Zip **33024** Country **USA**

4. FEI Number **65-0972035**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**QUIROGA, PEDRO A**  
**8029 NW 66 ST.**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name **PEDRO A. QUIROGA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**630 NORTH 65 TERRACE**  
 City **HOLLYWOOD FL** Zip Code **33024**

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

**01-24-02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD QUIROGA, PEDRO A 8029 NORTHWEST 66TH STREET MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PEDRO A. QUIROGA 630 NORTH 65 TERRACE HOLLYWOOD FL. 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CARMEN J. QUIROGA 630 NORTH 65 TERRACE HOLLYWOOD FL. 33024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-24-02 954.3644352**  
 Date Daytime Phone #

CR2E034 (9/01)