

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90129 019 ***150.00

DOCUMENT # P00000004532

1. Entity Name
J. LUCCHINI DESIGN, INC.

Principal Place of Business
 2841 NE 163RD ST.
 #604
 N. MIAMI BEACH FL 33160

Mailing Address
 2841 NE 163RD ST.
 #604
 N. MIAMI BEACH FL 33160

2. Principal Place of Business
 5960 SW 74 ST

3. Mailing Address
 SAME

Suite, Apt. #, etc.
 # 207

Suite, Apt. #, etc.

City & State
 MIAMI FL.

City & State

Zip
 33143

Country
 MIAMI-DADA

Zip

Country

4. FEI Number 65-0982347

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LUCCHINI, ELISETTE
 2841 NE 163RD STREET
 604
 N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

5960 SW 74 ST. # 207

City

MIAMI,

FL

Zip Code

33143

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 *Elisette Fuzi Lucchini*

16/01/2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCCHINI, ELISETTE	
STREET ADDRESS	2841 NE 163RD STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCCHINI, JARBAS	
STREET ADDRESS	2841 NE 163RD STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5960 SW 74 ST # 207
STREET ADDRESS	MIAMI, FL. 33143
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5960 SW 74 ST. # 207
STREET ADDRESS	MIAMI, FL. 33143
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elisette Fuzi Lucchini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/01/2002

Date

Daytime Phone #

CR2E034 (9/01)