

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90054 045 ***150.00

DOCUMENT # P00000048348

1. Entity Name
LUMAC ENTERPRISES, CORP.

Principal Place of Business

**9561 FOUNTAINBLEAU BLVD.
 BLDG 8, UNIT 119
 MIAMI FL 33172**

Mailing Address

**801 MONTEREY ST
 SUITE 206
 CORAL GABLES FL 33124**

2. Principal Place of Business

1300 S STATE RD 7

3. Mailing Address

14319 SW 155 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

MIAMI FL

4. FEI Number

65-1033916

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33196

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORA, LUIS EDUARDO
 9561 FOUNTAINBLEAU BLVD.
 BLDG 8, UNIT 119
 MIAMI FL 33172**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **MORA, LUIS EDUARDO**
 CITY-ST-ZIP **9561 FOUNTAINBLEAU BLVD., BLDG 8, UNIT 119
 MIAMI FL 33172**

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

TITLE ☐ Delete
 NAME
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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

4-15-02

Date

Daytime Phone #

CR2E034 (9/01)