

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000058863

FILED
Apr 16, 2002 8:00 AM
Secretary of State

Entity Name: LUMAC CORPORATION

Current Principal Place of Business:

17185 NW 23RD ST.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

16340 S. POST RD.
302
WESTON, FL 33331

Current Mailing Address:

17185 NW 23RD ST.
PEMBROKE PINES, FL 33028

New Mailing Address:

PO BOX 5381
PINECREST, FL 33256

FEI Number: 65-1017558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS ESQ
9900 STIRLING ROAD SUITE 218
COOPER CITY, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: PIERANGELO, MACARIO
Address: 17185 NW 23RD ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DSV () Delete
Name: CRUZ DE MACARIO, OBDULIA
Address: 17185 NW 23RD ST.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: PIERANGELO, MACARIO
Address: 16340 S. POST RD. APT. 302
City-St-Zip: WESTON, FL 33331

Title: DSV (X) Change () Addition
Name: CRUZ DE MACARIO, OBDULIA
Address: 16340 S. POST RD. APT. 302
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERANGELO MACARIO

DPT

04/16/2002

Electronic Signature of Signing Officer or Director

Date