

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000061810

FILED
Apr 15, 2003
Secretary of State

Entity Name: MR LUBE INC

Current Principal Place of Business:

10569 SW 216 STREET
SUITE E
MIAMI, FL 33190

New Principal Place of Business:

1127 FAIRLAKE TRACE
SUITE 2103
WESTON, FL 33326 US

Current Mailing Address:

10569 SW 216 STREET
SUITE E
MIAMI, FL 33190

New Mailing Address:

1127 FAIRLAKE TRACE
SUITE 2103
WESTON, FL 33326 US

FEI Number: 65-1027285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRABALLES, ALVARO
10569 SW 216 STREET
SUITE E
MIAMI, FL 33190 US

Name and Address of New Registered Agent:

MIRABALLES, ALVARO
1127 FAIRLAKE TRACE
SUITE 2103
WESTON, FL 33326 US

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:

04/15/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIRABALLES, ALVARO
Address: 10569SW 216 STREET, SUITE E
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIRABALLES, ALVARO
Address: 1127 FAIRLAKE TRACE, SUITE# 2103
City-St-Zip: WESTON, FL 33326 US

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: ALVARO MIRABALLES

PD

04/15/2003

Electronic Signature of Signing Officer or Director

Date