

FILED

Jun 15, 2001 8:00 am
Secretary of State

05-14-2001 90197 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081843

1. Entity Name

LIGHT COMPOSITIONS CORP.

LA

Principal Place of Business

8220 SW 164 TERRACE
MIAMI FL 33157

Mailing Address

8220 SW 164 TERRACE
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1051789

Applied For

Not Applicable

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

SANTAMARIA, CARLOS A
8220 SW 164 TERRACE
MIAMI FL 33157

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 date 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTAMARIA, CARLOS A
8220 SW 164 TERRACE
MIAMI FL 33157TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTAMARIA, CARLOS O
8220 SW 164 TERRACE
MIAMI FL 33157TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
BIEN-MACCORMACK, LISA
8220 SW 164 TERRACE
MIAMI FL 33157TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMERANO, SILVIA
8220 SW 164 TERRACE
MIAMI FL 33157TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 on all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS SANTAMARIA A.

04/30/01

Date

(305) 546-8762

Daytime Phone #

CR2E034 (10/00)