

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 007 ***150.00

DOCUMENT # P000000081843
1. Entity Name
LIGHT COMPOSITIONS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1029 NW 87TH AVE
Suite, Apt. #, etc.

3. Mailing Address
1029 NW 87TH AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
Zip 33071 Country U.S.A.

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Zip 33071 Country U.S.A.

4. FEI Number
65-1051789
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
CARLOS A. SANTAMARIA
Street Address (P.O. Box Number is Not Acceptable)
1029 NW 87TH AVE
City CORAL SPRINGS FL Zip Code 33071

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 CARLOS A. SANTAMARIA 04/12/02
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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>CARLOS A. SANTAMARIA</u> <u>1029 NW 87TH AVE.</u> <u>CORAL SPRINGS FL 33071</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>CARLOS O. SANTAMARIA</u> <u>1029 NW 87TH AVE</u> <u>CORAL SPRINGS FL 33071</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>LISA BIEN MACCORMACK</u> <u>1029 NW 87TH AVE</u> <u>CORAL SPRINGS FL 33071</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>SILVIA CAMERANO</u> <u>1029 NW 87TH AVE</u> <u>CORAL SPRINGS FL 33071</u>
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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 on an attachment with an address, with all other information required.

SIGNATURE: CARLOS A. SANTAMARIA 04/12/02
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)