

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091706

1. Entity Name

LUZ SC CORPORATION

Principal Place of Business

4160 WEST 16TH AE  
STE 210  
HIALEAH FL 33012

Mailing Address

4160 WEST 16TH AE  
STE 210  
HIALEAH FL 33012

2. Principal Place of Business

4801 South University Drive  
Suite, Apt. #, etc.

DAVIE, FLORIDA

City & State  
33328-3839

Zip Country  
BROWARD

3. Mailing Address

4801 South University Drive  
Suite, Apt. #, etc.

DAVIE, FLORIDA

City & State  
33328-3839

Zip Country  
BROWARD

4. FEL Number  
65-1044014

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

CASTANEDA, ALUZ S  
4160 WEST 16TH AE  
STE 210  
HIALEAH FL 33012

Name LUZ STELLA CASTANEDA

Street Address (P.O. Box Number is Not Acceptable)

201 SW 85 TERRACE 1-209

City Zip Code  
PEMBROKE PINES FL 33025-

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 *Luz Stella Castaneda*

LUZ STELLA CASTANEDA PD 4-26-01

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, 2001 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 D ☐ Delete  
NAME CASTANEDA, LUZ S  
STREET ADDRESS 331 NORTH HILLS DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PD ☒ Change ☐ Addition  
NAME CASTANEDA, LUZ S  
STREET ADDRESS 201 SW 85 TERRACE 1-209  
CITY-ST-ZIP PEMBROKE PINES, FL 33025-4524

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Luz Stella Castaneda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

LUZ S CASTANEDA 4-26-01 954-434-8454

Date

Daytime Phone #

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90461 047 \*\*\*158.75

C0063304



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)