

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000093055

1. Entity Name
UNILUZ ENTERPRISES, INC.



FILED

06 APR -4 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19611 WEST OAKMONT DRIVE
MIAMI, FL 33015

Mailing Address
19611 WEST OAKMONT DRIVE
MIAMI, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

REIN-P

CR2E098 (11/05)

4. FEI Number

65-1046464

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

GARCIA, ILEANA E
848 BRICKELL AVE, STE., 625
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
GARCIA, CLAUDIA A
19611 WEST OAKMONT DRIVE
MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
06-30-05 90001 604 \$150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500070464985
04/14/06--01056--021 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
\$150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

Daytime Phone #

March 31, 2006-03-31

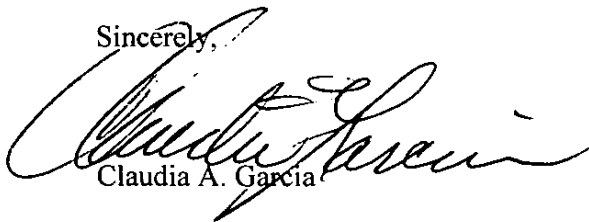
Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern:

I am enclosing a check for \$150 to reinstate Uniluz Enterprises Inc. for 2006 but in lieu of the fact of not being reinstated last year after I send a check for \$150 dollars for 2005 and not being notified I would appreciate if the **late fees were waved**. Up to this date I have not received any information in reference to this matter to which I was not aware until my bank brought it to my attention.

The attached documents were obtained by calling one of your officers and it was printed from the internet. I would appreciate it very much the reinstatement of my business. Please let me know the status of it by e-mailing me at Uniluz@msn.com or by mailing me the information to the address in the document. Since I am applying for a line a credit it is important this is resolved as soon as possible. Thank you for your cooperation.

Sincerely,



Claudia A. Garcia