

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110135

1. Entity Name

LUXUR GROUP INC.

Principal Place of Business

1446 OCEAN DRIVE
MIAMI BEACH FL 33139

Mailing Address

1446 OCEAN DRIVE
MIAMI BEACH FL 33139

2. Principal Place of Business

1490 NW 78 AVENUE

3. Mailing Address

1490 NW 78 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A

Zip

33126

Country

U.S.A

4. FEI Number

65-1057909

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAGA, GUILLERMO A
1446 OCEAN DRIVE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

1490 NW 78 AVENUE

City

MIAMI

FL

Zip Code

33126

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

GUILLERMO FRAGA - PRESIDENT

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

(NOTE: Registered Agent signatures required when reinstating)

03/26/01

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

TITLE PD
NAME FRAGA, GUILLERMO A
STREET ADDRESS 1446 OCEAN DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR
NAME LUIS ANTONIO MATOS
STREET ADDRESS 9941 NW 31 ST
CITY-ST-ZIP MIAMI, FL 33172

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

GUILLERMO FRAGA

03/26/01

(305) 640 3066

Date

Daytime Phone #

CR2E034 (10/00)