FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
05 FEB 15 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115962

1. Entity Name: THE LUXE GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
36 N.E. 1st Street	SAME
Suite, Apt. #, etc.: #210	Suite, Apt. #, etc.: SAME
City & State: MIAMI, FLORIDA	City & State: SAME
Zip: 33132 Country: USA	Zip: SAME Country: SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1069107 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: ATRIUM REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 1500 SAN REMO AVE., SUITE 125

City: CORAL GABLES FL Zip Code: 33146

DO NOT WRITE IN THIS SPACE

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 ______________________ DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, T + S FUHRMAN, DAN 36 N.E. 1st STREET, MIAMI, FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600047310186 02/25/05--01048--008 **61.25
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CR2E003-4B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ DAN FUHRMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charter Number Only

2/14

Rodriguez Langstadt & Nguero
Requestor's Name
815 Ponce de Leon Blvd 2 FLR
Address
Coral Gables, FL 33134
City State ZIP Phone

461.52607B

VALIDATION ONLY

CORPORATION(S) NAME

The Luxe Group, Inc.

FILED
05 FEB 15 AM 10:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

(X) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership (X) Annual Report Amended ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
( ) Walk In ( ) Will Wait ( ) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier