

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90674 040 \*\*\*150.00

**DOCUMENT # P01000003246**

1. Entity Name  
**LUMIC COMPUTER SUPPLIES INC.**



Principal Place of Business

~~P.O. BOX 770056~~

~~MIAMI FL 33177~~

Mailing Address

**16630 SW 144TH PLACE**

**MIAMI FL 33177**

2. Principal Place of Business

**16630 SW 144 PLACE**

3. Mailing Address

Suite, Apt. #, etc.

City, & State

**Miami Florida**

City, & State

Zip

**33177**

Country

Country

4. FEI Number **65-1067849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TORRESS, LUISA M**  
**16630 SW 144TH PLACE**  
**MIAMI FL 33177**

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PRES**  
NAME **TORRES, LUISA M**  
STREET ADDRESS **P.O. BOX 770056**  
CITY-ST-ZIP **MIAMI FL 33177**  
**16630 SW 144 PL**  
**MIAMI FL 33177**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES**  
NAME **TORRES, LUISA M**  
STREET ADDRESS **16630 SW 144 PL**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE  
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CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E034 (10/02)