

03-19-2003 90108 006 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000004773

1. Entity Name
LUHMYL CORPORATION



90055991

Principal Place of Business
~~2600 DOUGLAS ROAD~~
~~PH 6~~
~~CORAL GABLES, FL 33134~~

Mailing Address
~~C/O MICHAEL ORTIZ~~
~~328 MINORCA AVENUE 2ND FLOOR~~
~~CORAL GABLES, FL 33134~~

2. Principal Place of Business
 2121 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 330

3. Mailing Address
 2121 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 330



CHECK HERE IF MAKING CHANGES

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

4. FEI Number **65-1067477** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~ORTIZ, MICHAEL~~
~~2600 DOUGLAS ROAD~~
~~PH 6~~
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent
 Name **Michael Ortiz**
 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd
Suite 330
 City **Coral Gables** **FL** Zip Code **33134**

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 **Michael Ortiz** DATE **3/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP FLEITA, FELICIANO MP 2600 DOUGLAS RD. PH 6 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP Fleita, Feliciano MP 2121 Ponce de Leon Blvd, Ste 330 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ORTIZ, LISSETTE 2600 DOUGLAS RD. PH 6 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Ortiz, Lissette 2121 Ponce De Leon Blvd, Ste. 330 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lissette Ortiz, Vice-President** 305-476-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)