

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90450 004 ***150.00

DOCUMENT # **PO1000011175** ✓
1. Entity Name
Hector Lugo Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9042 SW 97 AV

3. Mailing Address
9042 SW 97 AV.

Suite, Apt. #, etc.
1

Suite, Apt. # etc.
1

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

4. FEI Number
65-1070684

Applied For
Not Applicable

Zip
33176

Country
U.S.A.

Zip
33176

Country
U.S.A.

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

7. Name and Address of Current Registered Agent

Name
Hector Lugo

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

3531 N.E 170 ST # 102

City **North Miami Beach FL** Zip Code **33160**

**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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Hector Lugo
3531 N.E 170 ST # 102
North Miami Beach FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hector E Lugo
1304 N.E 191 ST
MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MIRIAM RODRIGUEZ
9042 SW 97 AV # 1
MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

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 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 # _____

CR2E034B (12/01)