

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91187 006 ***150.00

0226972 AV

DOCUMENT # P01000020104

1. Entity Name

BOTERO LUJAN, INC.

Principal Place of Business

**6770 INDIAN CREEK DR.
 APT. 8H
 MIAMI BEACH FL 33141**

Mailing Address

**6770 INDIAN CREEK DR.
 APT. 8H
 MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19370 Collins Ave.

Suite, Apt. #, etc.

PHouse #3.

City & State

Sunny Island Beach.

Zip

33160.

Country

None

3. Mailing Address

19370 Collins Ave.

Suite, Apt. #, etc.

P. House #3.

City & State

Sunny Island Beach.

Zip

33160

Country

None

4. FEI Number

65-1085908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUJAN, JORGE B
 6770 INDIAN CREEK DR.
 APT. 8H
 MIAMI BEACH FL 33141**

Name

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

19370 Collins Ave. PH #3.

City

Sunny Island Beach.

FL

Zip Code

33160.

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete
 NAME **LUJAN, JORGE B**
 STREET ADDRESS **6770 INDIAN CREEK DR.**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD** ☐ Delete
 NAME **GOMEZ, LUZ A**
 STREET ADDRESS **6770 INDIAN CREEK DR.**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **19370 Collins Ave PH #3.**
 CITY-ST-ZIP **Sunny Island Beach. FL 33160.**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **19370 Collins Ave PH #3.**
 CITY-ST-ZIP **Sunny Islands Beach. FL 33160.**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

Date

(305) 466-0647

Daytime Phone #

CR2E034 (9/01)