

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State

DOCUMENT # P01000022183

1. Entity Name

LUMINA INVESTMENTS CORPORATION

Principal Place of Business

1390 BRICKELL AVENUE SUITE 200
 MIAMI, FL 33131

Mailing Address

1390 BRICKELL AVENUE SUITE 200
 MIAMI, FL 33131

2. Principal Place of Business

455 SW 8th St

Suite, Apt. #, etc.

3. Mailing Address

455 SW 8th St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami

4. FEI Number

65-1094447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO
 1390 BRICKELL AVENUE SUITE 200
 MIAMI FL 33131

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.

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 D
 NAME VIDALES, CECILIA
 STREET ADDRESS 1390 BRICKELL AVENUE SUITE 200
 CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-02

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Document #
PO1000022183
B0126092

Miami, June 2002

Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL. 32314

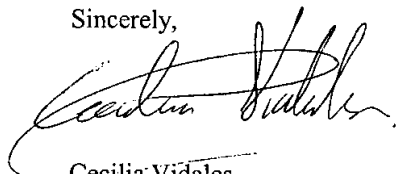
RE: Annual Report 2002

Dear Sir

We are very sorry sending the Annual Report late. The officer that have to sign the report was outside of the country for a long period. Please excuse us and do not charge the late fee.

Thanks for your attention for this matter.

Sincerely,



Cecilia Vidales
Manager