

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

DOCUMENT # *PD1000025131*

1. Entity Name

*LUMALICO INC*

FILED

02 OCT 31 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*707 E 9 ST*

3. Mailing Address

*707 E 9 ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*HAIALEAH FL*

City & State

*HAIALEAH FL*

4. FEI Number

*59-3713527*

Applied For

Not Applicable

Zip

*33010*

Country

*USA*

Zip

*33010*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*GOMEZ, JULIO*

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

*707 E 9 ST*

City

*HAIALEAH*

**FL**

Zip Code

*33010*

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

*10/13/02*

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	<i>PD GOMEZ, JULIO 707 E 9 ST HAIALEAH, FL 33010</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300008733873 10/31/02--01111--002 **150.00</i>
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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

*10/13/02 305-8825894*

Date

Daytime Phone #

CR2E034B (12/01)

October 28, 2002

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

Re: P01000025131

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,

A handwritten signature in black ink, appearing to read 'Julio C Gomez', with a stylized flourish at the end.

Julio C Gomez  
President