2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90373 049 ***150.00

DOCUMENT # P01000027691

1. Entity Name
LUMI CLEANING INC.

Principal Place of Business	Mailing Address
5665 40TH AVE N STE 404 ST PETERSBURG FL 33709	5665 40TH AVE N STE 404 ST PETERSBURG FL 33709

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4922 56 WY. N.		4922 56 WY. N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KENNETH CITY, FL		City & State: KENNETH CITY FL	
Zip: 33709	Country: U.S.	Zip: 33709	Country: U.S.

4. FEI Number 59-3704463 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURCHICI, LUMINITA 5665 40TH AVE N STE 404 ST PETERSBURG FL 33709	Name Street Address (P.O. Box Number is Not Acceptable) 4922 56 WY. N. City KENNETH CITY FL Zip Code 33709

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

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	P	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BURCHICI, LUMINITA		NAME		
STREET ADDRESS	5665 40TH AVE N STE 404		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] LUMINITA BURCHICI 1-16-03 (727) 541-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)