

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90056 012 \*\*\*150.00

**DOCUMENT #** P01000052168

1. Entity Name  
*LuzArt Corp.*

**DO NOT WRITE IN THIS SPACE**

00000133

2. Principal Place of Business  
*5931 North Bay Road*  
Suite, Apt. #, etc.

3. Mailing Address  
*5931 North Bay Road*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Miami Beach, FL*

City & State  
*Miami Beach, FL*

4. FEI Number  
*65-1109942*

Applied For  
 Not Applicable

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

Zip  
*33140*

Country  
*USA*

Zip  
*33140*

Country  
*USA*

**DO NOT WRITE IN THIS SPACE**

7- Name and Address of Current Registered Agent

Name  
*Ada De Luque*

Street Address (P.O. Box Number is Not Acceptable)  
*5931 North Bay Road*

City  
*Miami Beach*

FL

Zip Code  
*33140*

6. 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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE <i>President</i>	NAME <i>De Luque, Ada</i>	STREET ADDRESS <i>5931 North Bay Road</i>	CITY - ST - ZIP <i>Miami Beach, FL 33140</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/31/03* 305-868-7228  
Date Daytime Phone #

CR2E034B (12/02)