

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 027 ***150.00

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

DOCUMENT # P010-000-59752

1. Entity Name

Lumalpe Courier Delivery

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

730 NE 160 Street

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 601475

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

65-1112726

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

33162

Country

U.S.A

Zip

33160

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Luis M. Perez

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

730 N.E. 160 Street

City

North Miami Beach,

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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.

President

04/30/02

DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$81.25

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
President
Luis Perez
730 NE 160 ST NMB, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

4-30-02

CR2E034B (12/01)