

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90315 025 ***150.00

0307204 AV

DOCUMENT # P01000069150

1. Entity Name
LUCITECH CORP.

Principal Place of Business
 5961 NW 61ST AVENUE #202
 TAMARAC FL 33319

Mailing Address
 5961 NW 61ST AVENUE #202
 TAMARAC FL 33319



2. Principal Place of Business 3310 PINELAWK DR NORTH
3. Mailing Address 3310 PINELAWK DR NORTH

Suite, Apt. #, etc.
 1817

Suite, Apt. #, etc.
 1817

City & State
 MARGATE FL

City & State
 MARGATE FL

4. FEI Number
 65-119460

Applied For
 Not Applicable

Zip 33063 **Country** Broward

Zip 33063 **Country** Broward

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

6. Name and Address of Current Registered Agent

VILLANUEVA, ANTHONY
 5961 NW 61ST AVENUE #202
 TAMARAC FL 33319

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VILLANUEVA, ANTHONY
STREET ADDRESS 5961 NW 61ST AVENUE #202
CITY-ST-ZIP TAMARAC FL 33319

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME VILLANUEVA, ANTHONY
STREET ADDRESS 3310 PINELAWK DR NORTH APT 1817
CITY-ST-ZIP MARGATE FL, 33063. A: 4/11/02.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Date 4/11/02. **Daytime Phone #**

CR2E034 (9/01)