

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90245 032 \*\*\*150.00

**DOCUMENT # P01000080612**

1. Entity Name  
**LUMEN COMMERCIAL GROUP, INC.**

Principal Place of Business

150 S.E. 25TH ROAD  
 SUITE 12-D  
 MIAMI FL 33129

Mailing Address

150 S.E. 25TH ROAD  
 SUITE 12-D  
 MIAMI FL 33129

2. Principal Place of Business

**547 MAJORCA AVENUE**

3. Mailing Address

**547 MAJORCA AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**CORAL Gables, FL**

City & State  
**CORAL Gables, FL**

4. FEI Number  
**65-1130052**

Applied For  
 Not Applicable

Zip  
**33134**

Country  
**U.S.A.**

Zip  
**33134**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**RESTREPO, DIEGO L**  
**150 S.E. 25TH ROAD,**  
**12-D**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **Diego L. Restrepo, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**547 MAJORCA AVENUE**  
 City **CORAL Gables FL** Zip Code **33134**

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 *Diego Restrepo*

**04-16-02**

Signature, typed or printed name of registered agent and title, if applicable

(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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, LUIS M 150 S.E. 25TH ROAD, SUITE 12-D MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDONA, ANA B 150 S.E. 25TH ROAD, SUITE 12-D MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAVIRIA, ANDRES 150 S.E. 25TH ROAD, SUITE 12-D MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, Luis Miguel 547 MAJORCA AVENUE CORAL Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDONA, ANA B 547 MAJORCA AVENUE CORAL Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gaviria, Andres 547 MAJORCA AVENUE CORAL Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flaherty, Astrid 18015 N.W. 29th street Miami, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Astrid Flaherty* **Astrid Flaherty, Director** **4/23/02** **(305) 471-0417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)