

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90179 048 \*\*\*150.00

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DOCUMENT # P01000088312

1. Entity Name  
LUCHRO, CORP.



Principal Place of Business  
7041 GRAND NATIONAL  
SUITE 128-C DRIVE  
ORLANDO FL 32819

Mailing Address  
7041 GRAND NATIONAL  
SUITE 128-C DRIVE  
ORLANDO FL 32819

2. Principal Place of Business  
5238 EAGLESMERE DRIVE

3. Mailing Address  
5238 EAGLESMERE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
ORLANDO - FL

City & State  
ORLANDO - FL

4. FEI Number 59-3743518

Applied For  
Not Applicable

Zip  
32819-7532

Country  
USA

Zip  
32819-7532

Country  
USA

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

BACCARAT, CHRISTINA  
7041 GRAND NATIONAL  
SUITE 128-C  
ORLANDO FL 32819

Name ROBERTO ARVID JOHNSTON

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

5238 EAGLESMERE DRIVE

City ORLANDO

FL 32819-7532

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

ROBERTO JOHNSTON PRESIDENT

04/25/03

Signature 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 PD  
NAME BACCARAT, CHRISTINA  
STREET ADDRESS 4619 CASON COVE DR APTD 1016  
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

TITLE PD  
NAME JOHNSTON, ROBERTO  
STREET ADDRESS 5238 EAGLESMERE DR.  
CITY-ST-ZIP ORLANDO - FL 32819 ☒ Change ☐ Addition

TITLE VD  
NAME JOHNSTON, ROBERTO  
STREET ADDRESS 5238 EAGLESMERE DR.  
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: ROBERTO JOHNSTON PD 04/25/03 (321) 438-8248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)