

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90246 050 ***150.00

DOCUMENT # P01000089137

1. Entity Name
LUCIANO FRANCA, INC.



Principal Place of Business
431 S.E. 13TH COURT
G-101
DEERFIELD BEACH FL 33441

Mailing Address
431 S.E. 13TH COURT
G-101
DEERFIELD BEACH FL 33441

2. Principal Place of Business
190 SE 7th St #107
Suite, Apt. #, etc.

3. Mailing Address
190 SE 7th St #107
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach-FL
Zip
33441
Country
USA

City & State
Deerfield Beach-FL
Zip
33441
Country
USA

4. FEI Number 65-1143732

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCA, LUCIANO
431 S.E. 13TH COURT
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
FRANCA, LUCIANO
Street Address (P.O. Box Number is Not Acceptable)
190 SE 7th St #107
City
Deerfield Beach FL Zip Code
33441

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/20/03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCA, LUCIANO	
STREET ADDRESS	431 S.E. 13TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/20/03 Daytime Phone #

CR2E034 (10/02)