FILED
Jul 04, 2002 8:00 am
Secretary of State

05-15-2002 90072 020 ***150.00
07-04-2002 90547 033 *1,515.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093225

1. Entity Name: LUCALZA ENTERPRISES, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11872 Wiles Road Bay	11872 Wiles Road Bay
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.: #4
City & State: CORAL SPRING, FLORIDA	City & State: CORAL SPRING, FLORIDA
Zip: 33076 Country: USA	Zip: 33076 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1140434 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GBS Consultants

Street Address (P.O. Box Number is Not Acceptable): 1290 Weston Rd. Suite 210

City: Weston FL Zip Code: 33326

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 ×

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 $61.25
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	PSTD	TITLE	
NAME	CALZADILLA, EVA	NAME	
STREET ADDRESS	1004 NW 46 STREET	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CALZADILLA, LUIS A	NAME	
STREET ADDRESS	1004 NW 46 STREET	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CALZADILLA, LUIS M	NAME	
STREET ADDRESS	1004 NW 46 STREET	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Draft
P01000093225
118914

Jun 26, 2002

Florida Department Of State
Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302

REF.: Lucalza Enterprises, Corp
Reference # P01000093225

Dear Sir or Madam:

The letter is to inform to you that we recived a letter from Florida Department of State saying that you recived our annual report/Uniform Business Report and our check totaling $ 150.00, but we have not filed the current register agent's name and address. We are sending the corrected report whit this letter.

Thank your cooperation to solvent this mistake.

Thank you in advance,

Eva Calzadilla
Eva Calzadilla