FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90357 018 ***150.00

DOCUMENT # P01000098587

1. Entity Name

LUENZO INTERNATIONAL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2027 NW 22 ct.	2027 NW 22 ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State: MIAMI - FLORIDA
Zip: 33142 Country: U.S.A.	Zip: 33142 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1145966 ☐ 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: JEREMIAS LUENZO

Street Address (P.O. Box Number is Not Acceptable): 1850 SW 16 TERRACE

City: MIAMI FL Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	JEREMIAS D. LUENZO
STREET ADDRESS	2027 NW 22 ct
CITY-ST-ZIP	MIAMI - FL. - 33142
TITLE	VICE-PRESIDENT
NAME	ALFREDO H. LUENZO
STREET ADDRESS	2027 NW 22 ct.
CITY-ST-ZIP	MIAMI - FL. - 33142
TITLE	TREASURY
NAME	MARGARITA R. FUMAGALLI
STREET ADDRESS	2027 NW 22 ct.
CITY-ST-ZIP	MIAMI - FL. - 33142
TITLE	SECRETARY
NAME	JEREMIAS D. LUENZO
STREET ADDRESS	2027 NW 22 ct.
CITY-ST-ZIP	MIAMI - FL. - 33142
TITLE	
NAME	
STREET ADDRESS	
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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] JEREMIAS LUENZO - PRESIDENT - 04/29/02 7863679351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #