

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098587

1. Entity Name
LUENZO INTERNATIONAL, CORPORATION



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 039 ***150.00

0247032 AV

Principal Place of Business
2027 NW 22 COURT
MIAMI FL 33142

Mailing Address
2027 NW 22 COURT
MIAMI FL 33142

2. Principal Place of Business

1855 NW 20 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

Zip 33142

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1145966

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUENZO, JEREMIAS
1850 SW 16 TERRACE
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name 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

TITLE P ☐ Delete
NAME LUENZO, JEREMISS D
STREET ADDRESS 2027 NW 22 COURT
CITY-ST-ZIP MIAMI FL 33142

TITLE V ☐ Delete
NAME LUENZO, ALFREDO H
STREET ADDRESS 2027 NW 22 COURT
CITY-ST-ZIP MIAMI FL 33142

TITLE T ☐ Delete
NAME FUMAGALLI, MARGARITA R
STREET ADDRESS 2027 NW 22 COURT
CITY-ST-ZIP MIAMI FL 33142

TITLE S ☐ Delete
NAME LUENZO, JEREMISS D
STREET ADDRESS 2027 NW 22 COURT
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)