

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103395

1. Entity Name

LUGO BROTHERS, INC.

Principal Place of Business

6691 COW PEN ROAD
SUITE A201
MIAMI LAKES FL 33014

Mailing Address

6691 COW PEN ROAD
SUITE A201
MIAMI LAKES FL 33014

2. Principal Place of Business

7473 NW 167 St.

Suite, Apt. #, etc.

3. Mailing Address

7473 N.W. 167 St.

Suite, Apt. #, etc.

City & State

MIAMI FL 33

Zip 33015

Country USA

City & State

MIAMI FLORIDA

Zip 33015

Country MIAMI-DADE

4. FEI Number

05-1152077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUGO, CLAUDE M

7473 N.W. 167TH STREET
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name Felix A Lugo

Street Address (P.O. Box Number is Not Acceptable)
7473 NW 167 St.

City Miami

FL

Zip Code 33015

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

Felix A. Lugo vice-President.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

6-24-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD
NAME LUGO, LOUISE E
STREET ADDRESS 6691 COW PEN ROAD
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE VD
NAME LUGO, FELIX A
STREET ADDRESS 7473 N.W. 167TH STREET
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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 Block 12 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

Daytime Phone #

5/3/2002 (305) 828-3036

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91518 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)