

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 026 ***150.00

DOCUMENT # *P01000113762*

1. Entity Name

L R U Specialists, Corp.

DO NOT WRITE IN THIS SPACE

641575

2. Principal Place of Business

1521 Alton Rd. #

Suite, Apt. #, etc.

#418

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

3. Mailing Address

1521 ALTON RD.

Suite, Apt. #, etc.

#418

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

4. FEI Number

80-0008615.

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KOPROWKI, PAUL A

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

10031 PINES BLVD #224

City

PEMBROKE PINES FL

Zip Code

33024

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*P.D.
ANDRES CASTAÑEDA
1521 ALTON RD. #418
MIAMI BEACH, FL 33139*

TITLE
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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: *Andres Castañeda* ANDRES CASTAÑEDA, PRESIDENT 4/15/02 (305) 336-3109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #