

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

06-02-2003 90188 029 ***150.00

DOCUMENT # *P01000113762*

1. Entity Name

LRU SPECIALISTS CORP.



DO NOT WRITE IN THIS SPACE

90138302

2. Principal Place of Business

1521 Alton Rd. #418

3. Mailing Address

SAME

Suite, Apt. #, etc.

418

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

4. FEI Number

80-0008615

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Paul Koprowski

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

10031 Pines Blvd. #224

City

Penbrake Pines

FL

Zip Code

33024

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/03 (305) 336-3109.

Date

Daytime Phone #

CR2E034B (12/02)

attachment

90138302
P01000113762

LRU SPECIALISTS CORP.

1521 Alton Rd. # 418.
Miami Beach, FL 33139
lru1@bellsouth.net

Tel: 305-336-3109
Fax: 786-276-9105

May 26, 2003

Uniform Business Report
Division of Corporations
Tallahassee, FL 32302-1500

Subject: Reason for delay.
FEI # 800008615

To Whom It May Concern:

I would like to inform the department that due to extensive business travel during the current month, I have failed to mail the annual report and payment on time.

Please accept my apology for such delay; our reputation with your department is very valuable to us.

As you know LRU Specialists Corp. directly depends on the economic success of the Airline Industry, which unfortunately has been very poor for the last three years.

Due to this fact, I would like to sincerely ask the department for a penalty wave of this involuntary payment delay.

I have enclosed a check for the regular annual fee of \$150.00

Should you have any questions or suggestions of any kind, please do not hesitate to contact me directly.

Cordially,

ANDRES CASTANEDA
President
lru1@bellsouth.net