2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

P02000024763 **DOCUMENT #**

1. Entity Name

Principal Place of Business

LU AND VI DEVELOPMENT CORP.



May 05, 2003 8:00 am Secretary of State

05-05-2003 91872 014 ***158.75

MIAMI FL 33176			MIAMI FL 33176		4 (88)(89)(5)(5)(88)(5) (18)(88)(6) (88)(6) (88)(6) (88)(8) (88)(8) (88)(8) (88)(8) (88)(8) (88)(8)	
2. Principal Plac	e of Business	3. Mailing Addre	3. Mailing Address			
Suite, Apt. #,	etc.	Suite, Apt. #,	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
GUERRA, VIVIAN 2151 LE JEUNE ROAD SUITE 309 CORAL GABLES FL 33134				Street Address (P.O. Box Number is Not Acceptable) City Lip Code		
the obligation	s of registered agent.	, ,	anging its register	ed office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
Sig	nature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating) DATE ,	
After M	E NOW!!! FEE IS \$150.00 lay 1, 2003 Fee will be \$550 ayable to Florida Departme	.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS 1			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D		Пп	elete TITL	E V. 1	D. Secretary Treasurer M Change Addition	

GUERRA, VIVIAN NAME NAME 2151 LE JEUNE RD SUITE 309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7/P