

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-27-2003 90219 020 ***150.00

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

DOCUMENT # P02000047896

1. Entity Name
LUIS II TRADE, INC.



Principal Place of Business
8516 OLD WINTER GARDEN ROAD
SUITE 201
ORLANDO FL 32835

Mailing Address
8516 OLD WINTER GARDEN ROAD
SUITE 201
ORLANDO FL 32835



2. Principal Place of Business

3. Mailing Address

14040 ABACO ISLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando Florida

4. FEI Number

04-3657484

Applied For

Not Applicable

Zip

Country

Zip

Country

32824

U.S.A

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

CAPINETI, LUIS M
14040 ABACO ISLE DRIVE
ORLANDO FL 32824

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CAPINETI, LUIS M
STREET ADDRESS CALLE TABORDA RESIDENCIA TAMANACO #4A
CITY-ST-ZIP SAN ROMAN, CARACAS VENEZUELA

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

TITLE D ☐ Delete
NAME ALEMAN, FELISA
STREET ADDRESS CALLE TABORDA RESIDENCIA TAMANACO #4A
CITY-ST-ZIP SAN ROMAN, CARACAS VENEZUELA

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

TITLE D ☒ Delete
NAME MABERTI, PEDRO
STREET ADDRESS CALLE LA CINTA QUINTA YOYA
CITY-ST-ZIP LAS MERCEDES CARACAS VENEZUE

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

TITLE D ☒ Delete
NAME ALEMAN, ORLANDO
STREET ADDRESS 8945 SW 21 TERRACE
CITY-ST-ZIP MIAMI FL 33165

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 all the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/03

Date

407-834-5608

Daytime Phone #

CR2E034 (10/02)