

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90183 014 ***158.75

DOCUMENT # P93000007296

1. Entity Name
LUMAR'S CARE CORP.

Principal Place of Business

237 NW 12TH AVE
UNIT J
MIAMI FL 33128

Mailing Address

237 NW 12TH AVE
UNIT J
MIAMI FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0385700

Applied For

Not Applicable

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

MARQUEZ, LUIS
4794 S.W. 72ND AVENUE
MIAMI FL 33155

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARQUEZ, LUIS
237 NW 12 AVE SUITE J
MIAMI FL 33128 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARQUEZ, LUIS
237 NW 12 AVE SUITE J
MIAMI FL 33128 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02.

Date

(305) 324-9939

Daytime Phone #

CR2E034 (4/02)

Attachment
#P93000007296
120337

LUMAR'S CARE CORP.
237 N.W. 12TH AVE. SUITE J
MIAMI, FL 33128
PH.# (305)324-9939
FAX #(305)324-9968

July 11, 2002

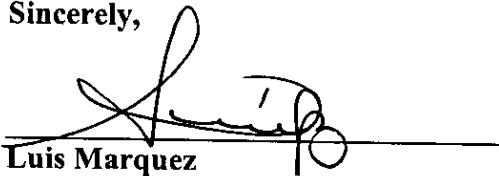
Division Of Corporation
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL 32302-1500

Re: Document # P93000007296

To Whom It May Concern:

As per our phone conversation enclosed please find our check for the amount of \$ 158.75 along with this letter explaining that this is the first notice we received in our office to file for the 2002 Uniform Business Report. Thank you for your understanding, please feel free to call me if you have any questions.

Sincerely,



Luis Marquez
President

ENCLOSURE
STANDARD FORM NO. 64
MAY 1962 EDITION
GSA GEN. REG. NO. 27
5010-107-01
U.S. GOVERNMENT PRINTING OFFICE: 1962 O - 550-107