

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90017 050 \*\*\*158.75

**DOCUMENT # P93000067694**

1. Entity Name

**LUMAR'S HEALTH CARE CORP.**

Principal Place of Business

237 N.W. 12TH AVE

J

MIAMI FL 33128

Mailing Address

237 N.W. 12TH AVE

J

MIAMI FL 33128

2. Principal Place of Business

6850 Coral Way

3. Mailing Address

6850 Coral Way

Suite, Apt. #, etc.

506

Suite, Apt. #, etc.

506

City & State

Miami FL 33155

City & State

Miami FL

Zip

33155

Country

U.S.A

Zip

33155

Country

U.S.A

4. FEI Number

65-0523029

65-0523029

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, NIBARDO A  
4794 SW 72ND AVENUE  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name: Zoe Rodriguez  
Street Address (P.O. Box Number is Not Acceptable):  
6850 Coral Way  
Suite 506  
City: Miami FL Zip Code: 33155

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.

ZOE RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

1/29/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	MARQUEZ, NIBARDO A	
STREET ADDRESS	237 NW 12TH AVE STE-J	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zoe Rodriguez	
STREET ADDRESS	11 S.W. 57 CT.	
CITY-ST-ZIP	Miami FL 33144	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Garcia	
STREET ADDRESS	11 S.W. 57 CT.	
CITY-ST-ZIP	Miami FL 33144	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge L. Sosa	
STREET ADDRESS	1335 W. 49 place apt. # 314	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

(305) 469-4498

Daytime Phone #

CR2E034 (10/00)