

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90039 008 ***150.00

957343

DOCUMENT # P94000023109

1. Corporation Name

LUA'S ENTERPRISES, INC. ✓

Principal Place of Business

Address

3890 N.W. 3 Street
Miami, Florida 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0492181

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

Agent

10. Name and Address of New Registered Agent

81 Name

Nat Naccarato

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

10711 S W 104 Street

83

84 City

Miami

FL

85 Zip Code

33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nat Naccarato

4-30-2000

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
President
Nora Sanz
3890 NW 3 St. Miami, FL 33126

11 TITLE ☐ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Director
Luis A. Sanz
3890 NW 3 St. Miami, FL 33126

11 TITLE ☐ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

11 TITLE ☐ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

11 TITLE ☐ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

11 TITLE ☐ DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 reported on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: X

Nora Sanz

Nora Sanz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000

(305) 598-2276

DATE

PHONE NUMBER

CR2E034 (10/97)