

02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069520

1. Entity Name

Luz Residential, INC.

FILED

03 FEB -5 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

651 E 49 St

Suite, Apt. #, etc.

3. Mailing Address

651 E 49 St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

65-1011654

Applied For

Not Applicable

Zip

33013

Country

MIAMI DADE

Zip

33013

Country

MIAMI DADE

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Reinaldo Pedraza

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

5090 E 8 CT

City

Hialeah

FL

Zip Code

33013

DO NOT WRITE
IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible...

Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIPPRES
Reinaldo Pedraza
5090 E 8 CT
Hialeah FL 33013TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP400009524124
12/16/02--01055--014 **150.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
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CITY - ST - ZIP400009524124
02/05/03--01052--016 **150.00TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

9/2/11/03

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651 E 49th ST HIALEAH FL. 33013

LUZ RESIDENCIAL INC.

December 6, 2002

Division of Corporations

Dear Officers:

In conversation with some people there, we informed that we never received the regular annual report because you have a wrong address in your record.

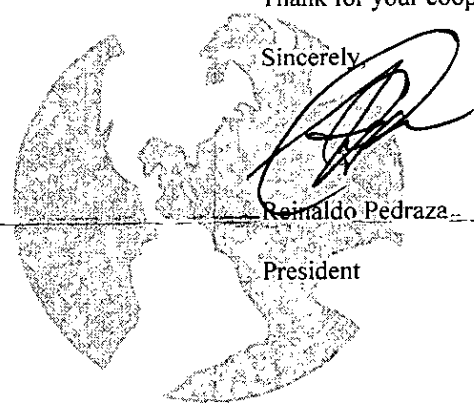
We are sending \$150. and the annual report (internet form) with the correct address, as request by telephone.

Thank for your cooperation

Sincerely,

Reinaldo Pedraza

President





FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 17, 2002

LUZ RESIDENTIAL, INC.
651 E 49 ST
HIALEAH, FL 33013 US

SUBJECT: LUZ RESIDENTIAL, INC.
Ref. Number: P94000069520

We have received your document for LUZ RESIDENTIAL, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the corporate name in section 1.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

Please note that an additional \$150 must be submitted to cover the fees for the year 2003 if your reinstatement is not returned prior to January 1, 2003.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 202A00066374