2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90349 021 ***150.00

769030

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000084832

1. Entity Name

LUMAS DESIGNS, INC.

Principal Place of Business	Mailing Address
1830 Aragon Ave Lake Worth, Fl 33461	1830 Aragon Ave. Lake Worth, Fl 33461-2608

2. Principal Place of Business	3. Mailing Address
226 N. Dixie Hwy.	226 N. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth FL 33460	City & State: Lake Worth, Fl 33460
Zip: 33460 Country: US	Zip: 33460 Country: US

4. FEI Number: 65-0533859 ☐ 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
Soto, Maria A 1830 Aragon Ave. Lkae Worth, Fl 33461	Name: Soto, Maria A. Street Address (P.O. Box Number is Not Acceptable): 226 N. Dixie Hwy. City: Lake Worth **FL** Zip Code: 33460

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] DATE 4/26/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Soto, Maria A. 101 NE 27th Court Boynton Beach, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Soto, Luciano 101 NE 27th Court Boynton Beach, Fl 33425	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] Date 4/26/01 Daytime Phone # 561-540-8677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR