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

05-15-2002 90088 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026059

1. Entity Name
LUKS, KOLEOS & SANTAMELLO, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
515 E. LAS OLAS Blvd.	515 E. LAS OLAS Blvd
Suite, Apt. #, etc. STE 1100	Suite, Apt. #, etc. STE 1100
City & State Ft. LAUDERDALE, FL	City & State Ft. LAUDERDALE FL
Zip 33301 Country US	Zip 33301 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0580835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DANIEL J. SANTANIELLO

Street Address (P.O. Box Number is Not Acceptable) 515 E. LAS OLAS Blvd

STE. 1100

City Ft. LAUDERDALE, FL Zip Code 33301

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, type 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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT	TITLE	
NAME	DANIEL J. SANTANIELLO	NAME	
STREET ADDRESS	515 E. LAS OLAS Blvd #1100	STREET ADDRESS	
CITY-ST-ZIP	Ft. LAUDERDALE, FL. 33301	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	JACK D LUKS	NAME	
STREET ADDRESS	515 E. LAS OLAS Blvd #1100	STREET ADDRESS	
CITY-ST-ZIP	Ft. LAUDERDALE, FL. 33301	CITY-ST-ZIP	
TITLE	PRESIDENT	TITLE	
NAME	DANIEL J. KOLEOS	NAME	
STREET ADDRESS	515 E. LAS OLAS Blvd #1100	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #