

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90353 025 \*\*\*150.00

DOCUMENT # *P95000046106*

1. Entity Name

*Luxury Insurance Corp.*

**DO NOT WRITE IN THIS SPACE**

80126207

2. Principal Place of Business

*8390 West Flagler St.*

3. Mailing Address

*8390 W Flagler St.*

Suite, Apt. #, etc.

*212*

Suite, Apt. #, etc.

*212*

City & State

*Miami, Fl.*

City & State

*Miami, Fl.*

4. FEI Number

*65-0587957*

Applied For

Not Applicable

Zip

*33144*

Country

*USA*

Zip

*33144*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Luis A. Aparicio*

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

*8390 W Flagler St.*

*Ste. 212*

City

*Miami*

FL

Zip Code

*33144*

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]*

Signature, typed 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) ☐

**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 *President*  
NAME *Luis A. Aparicio*  
STREET ADDRESS *14829 SW 80th St. # 104*  
CITY-ST-ZIP *Miami, Fl. 33193*

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Luis A. Aparicio*

Date

*6/21/02*

Daytime Phone #

CR2E034B (12/01)

Attachment  
L# P95000046106  
B0126207

May 23, 2002

DIVISION OF CORPORATIONS  
409 E GAINES STREET  
TALLAHASSEE, FL. 32399

Dear Sir or Madam,

The purpose of this letter is to advise that I did not received your usual form for the Corporation renewal for the current year, in spite that when I moved my office to a new place I filled out the correspondence forwarding request in the post office.

That is why I am sending you attached to this letter, my Corporation check No. 6290 in the amount of \$150.00 covering renewal fee as established.

Please note that my Corporation new address is:

LUXURY INSURANCE CORP.  
8390 WEST FLAGLER ST. - STE. 212  
MIAMI, FL. 33144

Please confirm that my Corporation has been renewed accordingly.

Sincerely,

  
LUXURY INSURANCE CORP.  
8390 WEST FLAGLER ST. - STE. 212  
MIAMI, FL. 33144

P95000046106



Attachment  
B0124207

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 11, 2002

LUXURY INSURANCE CORP.  
8390 WEST FLAGLER STREET, SUITE 212  
MIAMI, FL 33144

SUBJECT: LUXURY INSURANCE CORP.  
Ref. Number: P95000046106

We have received your document for LUXURY INSURANCE CORP. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

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

Justin M Shivers  
Document Specialist

Letter Number: 802A00038236