

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000089856****1. Entity Name**  
**LUMOPERL, INC.****FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90470 020 \*\*\*150.00

**Principal Place of Business****%DONALD KAHN, ESQ.**  
**PO BOX 41-4197**  
**MIAMI BEACH FL 33141****Mailing Address****%DONALD KAHN, ESQ.**  
**PO BOX 41-4197**  
**MIAMI BEACH FL 33141****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **65-0622951**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****KAHN, DONALD J**  
**% GREEN, KAHN & PIOTROWSKI**  
**317 71ST STREET**  
**MIAMI BEACH FL 33141**

Name

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

City

**FL**

Zip Code

**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 reinstating)

DATE

**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	PTD	<input type="checkbox"/> Delete
NAME	PERLMAN, MORRIS	
STREET ADDRESS	1664 51ST ST	
CITY-ST-ZIP	BROOKLYN NY 11204	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PERLMAN, LUBA	
STREET ADDRESS	1664 51ST ST	
CITY-ST-ZIP	BROOKLYN NY 11204	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, 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 #

3/12/01

PRES,

CR2E034 (10/00)