

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90135 041 ***150.00

DOCUMENT # **T95000095210**

1. Entity Name

LUSA Investments, Inc.



DO NOT WRITE IN THIS SPACE

14021060

2. Principal Place of Business

275 WEAT 25th ST

Suite, Apt. #, etc.

3. Mailing Address

275 WEST 25th ST

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH FL.

4. FEI Number

65-0633169

Applied For

Not Applicable

Zip

33010

Country

-DADE

Zip

33010

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS LOPEZ

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

15782 NW79th CT

City

MIAMI LAKES

FL

Zip Code

33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUIS LOPEZ 15782 NW 79th CT M, LAKES FL 33016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 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 (12/02)