

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008961

1. Entity Name

LUZAMOR CORPORATION

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90051 040 ***150.00

Principal Place of Business

Mailing Address

4654 PAYNE STREET
NORTH PORT FL 34287
US

4654 PAYNE STREET
NORTH PORT FL 34287-2323
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0636972**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ACOSTA, GEORGE
10601 SW 96TH ST
MIAMI FL 33176

Name

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

✓ 4654 PAYNE STREET

City NORTH PORT

FL

Zip Code 34287

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] - PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-2000

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, 2000 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 **D** ☐ Delete
NAME **ACOSTA, GEORGE**
STREET ADDRESS **% 10601 S.W. 96TH ST.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
NAME **4654 PAYNE STREET**
STREET ADDRESS **NORTH PORT FL. 34287-2323**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

[Signature] - PRESIDENT

Date

Daytime Phone #

4-28-2000 941-423-8060

CR2E034 (9/99)