

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90072 036 ***150.00

DOCUMENT # P96000056421

1. Entity Name
LUXCOM I, INC.

Principal Place of Business

Mailing Address

12405 S.W. 130 ST.
MIAMI FL 33186
US

12405 S.W. 130 STREET
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

9485 Sunset Dr.
Suite, Apt. #, etc.
A-295

9485 Sunset Dr.
Suite, Apt. #, etc.
A-295

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33173

U.S.A.

33173

U.S.A.

4. FEI Number 65-0683185

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

BRODIE, SYDNEY Z. E
AIRPORT EXECUTIVE TOWER 2 PENTHOUSE 1
7270 N.W. 12TH STREET
MIAMI FL 33126

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 ☐ Delete
NAME SD
STREET ADDRESS GARCA, CARLOS M
CITY-ST-ZIP 12405 S.W. 130 ST.
MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9485 Sunset Dr A-295
CITY-ST-ZIP Miami, FL 33173

TITLE ☐ Delete
NAME PD
STREET ADDRESS BARBARA, OSCAR
CITY-ST-ZIP 12405 S.W. 130 STREET
MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9485 Sunset Dr. A-295
CITY-ST-ZIP Miami, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Carlos H. Garcia 1/1/01 35275-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0234737

CR2E034 (10/00)