

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058593

1. Entity Name

LUFA MIAMI, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90066 037 ***150.00

Principal Place of Business

401 BISCAYNE BLVD.
SPACE #N-212
MIAMI FL 33132

Mailing Address

1423 WASHINGTON AVE.
MIAMI BEACH FL 33127-4119

2. Principal Place of Business

3. Mailing Address

425 NW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip

Country

33127

USA

4. FEI Number

65-0682369

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

PEREZ, JAYME
1423 WASHINGTON AVE.
MIAMI BEACH FL 33139

Name

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

425 NW 26 ST

City

MIAMI

FL

Zip Code

33127

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, 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	P	☐ Delete
NAME	PEREZ JAYME	
STREET ADDRESS	1423 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VPS	☐ Delete
NAME	PEREZ, JOAO RAMON	
STREET ADDRESS	1423 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	425 NW 26 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	425 NW 26 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00 (305) 438-0717

Date

Daytime Phone #

CR2E034 (9/99)