

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073161

1. Entity Name  
LUCHON, INC.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90340 033 \*\*\*150.00

Principal Place of Business 189 LAKEVIEW DR #104 WESTON FL 33326 US	Mailing Address 189 LAKEVIEW DR #104 WESTON FL 33326 US
---	---

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 700 E. Denia Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #202

City & State DANIA FL.	4. FEI Number 65-0695549	Applied For <input type="checkbox"/> Not Applicable
---------------------------	-----------------------------	--

Zip 33004	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	--

6. Name and Address of Current Registered Agent  
  
GARNER, SYLVIE  
189 LAKEVIEW DR  
#104  
WESTON FL 33326

7. Name and Address of New Registered Agent  
Name GARNIER SYLVIE  
Street Address (P.O. Box Number is Not Acceptable)  
189 LAKEVIEW DR # 104  
City WESTON FL Zip Code 33326

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 (NOTE: Registered Agent signature required when reinstating) DATE 03/27/01

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. GARNIER, CLAUDE 189 LAKEVIEW DR #104 WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. GARNIER, SYLVIE 189 LAKEVIEW DR #104 WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sylvie GARNIER 3/27/01 (954) 579-2243  
Date Daytime Phone #

CR2E034 (10/00)