

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90040 027 ***150.00

DOCUMENT # P96000080718

1. Entity Name
LUXEX, INC.

Principal Place of Business

**6208 S. DIXIE HWY
 MIAMI FL 33143
 US**

Mailing Address

**6208 S. DIXIE HWY
 MIAMI FL 33143
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6619 S Dixie Hwy

Suite, Apt. #, etc.
349

City & State
Miami - FL

Zip
33143

Country
Dade

3. Mailing Address

6619 S Dixie Hwy

Suite, Apt. #, etc.
349

City & State
Miami - FL

Zip
33143

Country
Dade

4. FEI Number **65-0702895**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLO, CARMEN M
 9572 SW 57 STREET
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

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, 2002 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 **PT** ☐ Delete
 NAME **BERENQUER, RAMON**
 STREET ADDRESS **6208 S. DIXIE HIGHWAY**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **VS** ☐ Delete
 NAME **BERENQUER, PATRICIA**
 STREET ADDRESS **6208 S. DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL 33143**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Ramon Berenguer**
 STREET ADDRESS **6619 S Dixie Hwy # 349**
 CITY-ST-ZIP **Miami - FL 33143**

TITLE ☐ Change ☐ Addition
 NAME **Patricia Berenguer**
 STREET ADDRESS **6619 S. Dixie Hwy # 349**
 CITY-ST-ZIP **Miami - FL 33143**

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

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:

Patricia Berenguer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)