

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099255

1. Entity Name

LUIGI CUSTOM ALTERATIONS INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90048 035 ***150.00

Principal Place of Business

Mailing Address

2213 E ATLANTIC BLVD.
POMPANO BEACH FL 33062-5209

2213 E ATLANTIC BLVD.
POMPANO BEACH FL 33062-5209

916210

2. Principal Place of Business

3. Mailing Address

934 N.E. 20TH AVE.

934 N.E. 20TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0713422

Applied For

Not Applicable

Zip

Country

33304

USA

Zip

Country

33304

USA

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

FAHMY, HANY

2213 E ATLANTIC BLVD.

POMPANO BEACH FL 33062-5209

Name

FIRMINO CASINHA

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

934 N.E. 20TH AVE.

FORT LAUDERDALE FL

City

FL

Zip Code

33304

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

Firmino Casinha

FIRMINO CASINHA

FEB. 15/00

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	PSTD	<input type="checkbox"/> Delete
NAME	CASINHA, FIRMINO	
STREET ADDRESS	2213 E ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062-5209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	FIRMINO CASINHA	
STREET ADDRESS	934 N.E. 20TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Firmino Casinha

FIRMINO CASINHA

FEB. 15/00

954 764 524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #