FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034693

1. Entity Name
Luimar Group, Inc

DO NOT WRITE IN THIS SPACE

FILED
02 AUG 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800007603408--3
-09/09/02--01067--021
****150.00 ****150.00
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2. Principal Place of Business	3. Mailing Address
101 West 24th ST	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Higleah - FL	City & State
Zip: 33010 Country: Dade	Zip Country

4. FEI Number 65-0747871 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Luis Garcia

Street Address (P.O. Box Number is Not Acceptable):
5372 S.W. 133 Ave

City: Miramar FL Zip: 33027

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 _____ 08/26/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD.
NAME	Luis Garcia
STREET ADDRESS	5372 S.W. 133 ave
CITY-ST-ZIP	Miami, FL 33027
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

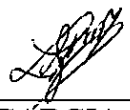
SIGNATURE: _____ 08/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **LUIMAR GROUP, INC.**
Thank you for your courtesy in this matter.



LUIS GARCIA
PRESIDENT