

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90066 046 \*\*\*550.00

0061100 AV

**DOCUMENT # P97000045752**

1. Entity Name

**LUMAR SERVICES, INC.**



Principal Place of Business

**19361 SW 117 AVE  
MIAMI FL 33177**

Mailing Address

**19361 SW 117 AVE  
MIAMI FL 33177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0756175**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAST, LOUIS F  
10311 SW 56 STREET  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

**CAST, LOUIS F.**

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

**4805 NW 79 AVENUE**

**SUITE #9**

City

**MIAMI**

**FL**

Zip Code

**33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **REYES, LUIS**  
CITY-ST-ZIP **19361 SW 117 AVE  
MIAMI FL 33177**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **REYES, SEGUNDO**  
CITY-ST-ZIP **19361 SW 117 AVE  
MIAMI FL 33177**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **REYES, MARTHA**  
CITY-ST-ZIP **19361 SW 117 AVE  
MIAMI FL 33177**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **REYES, KATHERINE**  
CITY-ST-ZIP **19361 SW 117 AVE  
MIAMI FL 33177**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**KATHERINE F. REYES** **REQUIRES KATHERINE F. REYES - SECT. P-5F03/201408-114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)