


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000092922 1. Entity Name THE LUBIAN GROUP CORPORATION		
Principal Place of Business 7509 NW 8 ST MIAMI, FL 33126 US		Mailing Address ROSA LUBIAN 691 SE 7TH AVE HIALEAH, FL 33010 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 748 SW 100th Cir Suite, Apt. #, etc.	
City & State MIAMI, FL		4. FEI Number 65-0793349
Zip 33174	Country MIAMI-DANS	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LUBIAN, JUAN J 260 NW 197 ST. N. MIAMI, FL 33169		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent's signature required when existing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LUBIAN, ROSA 691 SE 7TH AVE HIALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <i>Rosa Lubian</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-03 305-223-1928 Date Daytime Phone #



80114378



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)