

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90055 004 ***158.75

0081434

DOCUMENT # P97000107020

1. Entity Name

LUAR INVESTMENTS, INC.

Principal Place of Business

90 WEST 52ND STREET
 HIALEAH FL 33012

Mailing Address

POST OFFICE BOX 2081
 HIALEAH FL 33012

2. Principal Place of Business

12587 Orange Blvd.

Suite, Apt. #, etc.

3. Mailing Address

12587 Orange Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

RPB, FL

City & State

RPB, FL

4. FEI Number

65-0802592

Applied For

Not Applicable

Zip

33412

Country

USA

Zip

33412

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, RAUL JR.
 90 WEST 52ND STREET
 HIALEAH FL 33012

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

Raul Medina *DS* *Raul Medina*

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

(NOTE: Registered Agent signature required when reinstating)

2-18-01

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, 2001 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 DPVT
 NAME MEDINA, RAUL
 STREET ADDRESS 90 W 52 ST
 CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE DS
 NAME MEDINA, RAUL
 STREET ADDRESS 90 W 52 ST
 CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Raul Medina *Raul Medina* *SIC*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

561-333-9841

Daytime Phone #

CR2E034 (10/00)