

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90018 032 ***158.75

00085219

DOCUMENT # P98000027621

1. Entity Name
LUSAMI INC.

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business
8098 PALM GATE DR
 Suite, Apt. #, etc.

3. Mailing Address
8098 PALM GATE DR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>BOYNTON BEACH</u>		City & State <u>BOYNTON BEACH FL</u>		4. FEI Number <u>65-0820987</u>	Applied For Not Applicable
Zip <u>33436</u>	Country	Zip <u>33436</u>	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name <u>PEDRO COZZI</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>8098 PALM GATE DRIVE</u>	
				City <u>BOYNTON BEACH</u>	FL Zip Code <u>33436</u>

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  PEDRO COZZI DATE 9-6-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

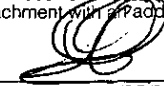
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 <u>P/D</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>PEDRO COZZI</u>		NAME	
STREET ADDRESS <u>8098 PALM GATE DRIVE</u>		STREET ADDRESS	
CITY-ST-ZIP <u>BOYNTON BEACH, FL 33436</u>		CITY-ST-ZIP	
TITLE <u>S/T/D</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>ROSA COZZI</u>		NAME	
STREET ADDRESS <u>8098 PALM GATE DRIVE</u>		STREET ADDRESS	
CITY-ST-ZIP <u>BOYNTON BEACH FL 33436</u>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  PEDRO COZZI, PRESIDENT DATE 9-7-00 (561) 733-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Daytime Phone #

CR2E034 (9/99)