

2000 UNIFORM BUSINESS REPORT (UBR)

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

00085219

DO NOT WRITE IN THIS SPACE

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.

City & State
BOYNTON BEACH

City & State
BOYNTON BEACH FL

Zip
33436

Zip
33436

Country

Country

4. FEI Number
65-0820987

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
PEDRO COZZI

Street Address (P.O. Box Number is Not Acceptable)
8098 PALM GATE DRIVE

City
BOYNTON BEACH

FL

Zip Code
33436

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** **9-6-00**

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)

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

TITLE P/D	<input type="checkbox"/> Delete
NAME PEDRO COZZI	
STREET ADDRESS 8098 PALM GATE DRIVE	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE S/T/D	<input type="checkbox"/> Delete
NAME ROSA COZZI	
STREET ADDRESS 8098 PALM GATE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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** **9-7-00** **(561) 733-5661**

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

CR2E034 (9/99)