

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90106 038 ***150.00

0060461 AV

DOCUMENT # P98000039789

1. Entity Name
LUCA MIAMI, INC.



Principal Place of Business
**9700 COLLINS AVE.
BAL HARBOUR FL 33154**

Mailing Address
**9700 COLLINS AVE.
BAL HARBOUR FL 33154**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
690 Madison Ave.

Suite, Apt. #, etc.

City & State
New York, NY

Zip
10021

4. FEI Number
65-0849631

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPS
ORLANDI, LUCA
690 MADISON AVE.
NEW YORK NY 10021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. 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

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☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-03

Date

(212) 755-2444

Daytime Phone #

CR2E034 (4/03)

all@thmet
LUCA MIAMI, INC.
9700 COLLINS AVENUE
BAL HARBOUR, FL 33154 - 2208

80140313
P98000039789

August 7, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

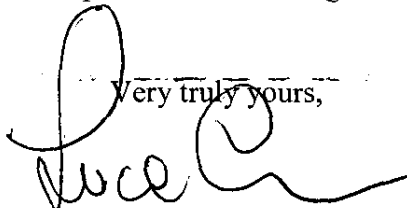
Re: Luca Miami, Inc.
FEIN: 65-0849631
Form: 2003 Uniform Business Report
Document #: P98000039789

To Whom It May Concern:

I am writing to you regarding the Uniform Business Report for the year 2003.

Please be advised that we did not receive the notice to file the 2003 Uniform Business Report timely. As soon as we were aware that this form needed to be filed, it was completed and is enclosed with our check. As the additional fee of \$400.00 would cause a hardship to our company, we respectfully request that you accept the enclosed completed form, along with our check for the original \$150.00 filing fee in this instance.

Thank you for your understanding and cooperation in resolving this matter.

Very truly yours,

Luca Orlandi