

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000052447**

1. Entity Name

LUMIC, INC.**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90079 016 ***150.00

Principal Place of Business

Mailing Address

**3817 TURTLE RUN BLVD
#2722
CORAL SPRINGS FL 33067****3817 TURTLE RUN BLVD
#2722
CORAL SPRINGS FL 33067-4270**

2. Principal Place of Business

3. Mailing Address

**3837 Turtle Run Blvd
Suite, Apt. #, etc.
2532****3837 Turtle Run Blvd
Suite, Apt. #, etc.
2532**

City & State

City & State

**Coral Springs FL
Zip 33067 Country****Coral Springs FL
Zip 33067 Country**

4. FEI Number

65-0849214

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

**POLATSEK, HARRY D
2455 E SUNRISE BLVD, STE 1216
FORT LAUDERDALE FL 33304**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	DURRANT, GEORGE H	3817 TURTLE RUN BLVD 2722	
		CORAL SPRINGS FL 33067		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	EVARD, EMMANUEL	3817 TURTLE RUN BLVD 2722	
		CORAL SPRINGS FL 33067		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**EMMANUEL EVARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**5/15/2000**

Date

354 4150493

Daytime Phone #

CR2E034 (9/99)