

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066855

1. Entity Name  
**LUSO, INC.**

Principal Place of Business

733 N E 195TH STREET  
MIAMI FL 33179  
US

Mailing Address

733 N E 195TH STREET  
MIAMI FL 33179  
US

2. Principal Place of Business

729 NE 195th St  
Suite, Apt. #, etc.

3. Mailing Address

729 NE 195th St  
Suite, Apt. #, etc.

City & State

Miami, FL 33179

City & State

Miami, FL

Zip

Country

USA

Zip

33179

Country

USA

6. Name and Address of Current Registered Agent

DE A. MOREIRA, LADISLAU  
111 N.E. 1ST STREET  
#900  
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name: Ladislau de A. Moreira  
Street Address (P.O. Box Number is Not Acceptable): 729 N.E. 195th St.  
City: Miami  
State: FL  
Zip Code: 33179

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 re-registering)

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	PD	<input type="checkbox"/> Delete
NAME	MOREIRA, LADISLAU D	
STREET ADDRESS	111 N.E. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOREIRA, MARIA D	
STREET ADDRESS	111 N.E. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOREIRA, ANTONIO P	
STREET ADDRESS	111 N.E. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERREIRA, ANA R	
STREET ADDRESS	111 N.E. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOREIRA, LADISLAU D	
STREET ADDRESS	111 N.E. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	
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	
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: *Ladislau Moreira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

APPROVED  
AND  
FILED

02 APR 22 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE  
3/24/02 90053 024 \$150.00

4. FEI Number 65-0949014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)