## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P98000082124 LU & LU DEVELOPERS, INC. 01-19-2000 90006 046 \*\*\*150.00 Mailing Address Principal Place of Business 335 PALMWOOD LANE 335 PALMWOOD LANE 00003003 KEY BISCAYNE FL 33149-1816 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Bluck 260 CRANDON 260 CRANDON DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0873720 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.SA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DE LA CRUZ, LUIS F Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE SUITE 805 CORAL GABLES FL 33184 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PSD ☐ Delete TITLE TITLE DE LA CRUZ, LUIS F NAME NAME STREET ADDRESS STREET ADDRESS 335 PALMWOOD LANE CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** THE FREDRICK OF D Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition 5. D ☐ Change TITLE ☐ Delete TITLE WILFREOU BORROTO NAME 260 CRANDON BIVE #49 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete 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 truetee 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.

FILED

SIGNATURE: Les Call 1415 F. DE LA CANZ 1-7-2000 (305) 861618

SIGNATURE SIGNATURE AMB TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #