FILED

## **12001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P98000082124** LU & LU DEVELOPERS, INC. 04-23-2001 90174 014 \*\*\*150.00 Principal Place of Business Mailing Address 260 CRANDON BLVD 260 CRANDON BLVD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0873720 Not Applicable Country . Zip Country \$8.75 Additional 5. Certificate of Status Desired 🦟 🗖 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PSD **X** Change ☐ Addition TITLE ☐ Delete TITLE SD DE LA CRUZ, LUIS F NAME LUIS F. DE LA CRUZ, JR. NAME STREET ADDRESS STREET ADDRESS 335 PALMWOOD LANE 241 SEVILLA AVENUE, #805 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** CORAL GABLES, FL 33134 X Change TITLE ☐ Delete TITLE **BORROTO, WILFREDO** NAME WILFREDO BORROTO NAME STREET ADDRESS 260 CRANDON BLVD, #49 KEY\_BISCAYNE, FL 33149 STREET ADDRESS 260 CRANDON BLVD., #49 CITY-ST-ZIP CITY-ST-ZIP KEY-BISCAYNE FL 33149 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information sy bled 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 of state 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:

WILL ALDO BORROTO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

305-361-6181