

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90072 035 ***150.00

DOCUMENT # P98000093842

1. Entity Name

LUXCOM DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

12405 SW 130TH STREET
MIAMI FL 33186

12405 SW 130TH STREET
MIAMI FL 33186

2. Principal Place of Business

9485 Sunset Dr.

3. Mailing Address

9485 Sunset Dr.

Suite, Apt. #, etc.

A-295

Suite, Apt. #, etc.

A-295

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877212

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

BRODIE, SIDNEY Z
7270 NW 12TH STREET PH-1
MIAMI FL 33126

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BARBARA, OSCAR
STREET ADDRESS 12405 SW 130TH STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE VSD ☐ Delete
NAME GARCIA, CARLOS
STREET ADDRESS 12405 SW 130TH STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSDC ☐ Change ☐ Addition
NAME Garcia, Carlos
STREET ADDRESS 9485 Sunset Dr. A-295
CITY-ST-ZIP Miami, FL 33173

TITLE V.D. ☐ Change ☒ Addition
NAME Fernandez, Martha
STREET ADDRESS 9485 Sunset Dr. A-295
CITY-ST-ZIP Miami, FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)