

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90029 030 ***550.00

MARKET AV

DOCUMENT # P98000099726

1. Entity Name
LUMAR REAL ESTATE SERVICES, CORP.

Principal Place of Business Mailing Address

12246 SW 131 AV. **8461 SW 68 ST RD**
MIAMI FL 33186 **MIAMI FL 33143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

65-0878933 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOMINGUEZ, MARIA JULIA
8461 S.W. 68 ST. RD.
MIAMI FL 33143

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	ARGUELLO, ENRIQUE JOSE	
STREET ADDRESS	13301 SW 40 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	DOMINGUEZ, MARIA JULIA	
STREET ADDRESS	8461 SW 68 ST RD	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMFIS DOMINGUEZ, LUIS JOSE	
STREET ADDRESS	10400 SW 67 AV.	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS F. DOMINGUEZ	
STREET ADDRESS	8461 SW 68 ST RD	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, MARIA JULIA	
STREET ADDRESS	8461 SW 68th Street RD	
CITY-ST-ZIP	MIAMI FL 33143	
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: ~~SIGNATURE REQUIRED~~ **9-7-01 305 279 9195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)