

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91749 038 ***150.00

DOCUMENT #

1. Entity Name *Lumar Real Estate Service*
998000099726 *CORP.*

012010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

12246 SW 131st AVE

DO NOT WRITE IN THIS SPACE

City & State City & State

Miami FLORIDA

4. FEI Number Applied For
05-0878933 Not Applicable

Zip Country Zip Country

33186 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *MARIA JULIA DOMINGUEZ*

Street Address (P.O. Box Number is Not Acceptable)
8401 SW 68th Street Road

City *MIAMI* FL Zip Code *33143*

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)

5/13/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>P</i>	TITLE	
NAME	<i>LUIS JOSE DOMINGUEZ</i>	NAME	
STREET ADDRESS	<i>8401 SW 68th Street Rd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLORIDA 33186</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>MARIA JULIA DOMINGUEZ</i>	NAME	
STREET ADDRESS	<i>8401 SW 68th Street Rd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLORIDA 33143</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>LUIS JOSE RAMOS DOMINGUEZ</i>	NAME	
STREET ADDRESS	<i>10400 SW 67th Avenue</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL 33186</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS JOSE DOMINGUEZ

5/13/12

305-412-1843

Date

Daytime Phone #

CR2E034B (12/01)