

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90172 021 \*\*\*150.00

0319401 AV

DOCUMENT # **P98000099726**



1. Entity Name  
**LUMAR REAL ESTATE SERVICES, CORP.**

Principal Place of Business  
**12246 SW 131 AV.  
MIAMI FL 33186**

Mailing Address  
**12246 SW 131 AV.  
MIAMI FL 33186**

2. Principal Place of Business  
**12246 SW 131 AV**

3. Mailing Address  
**12246 SW 131 AV**

Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip  
**33186**

Country  
**DADE**

Zip  
**33186**

Country  
**DADE**

4. FEI Number **65-0878933**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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  
**LUIS DOMINGUEZ**

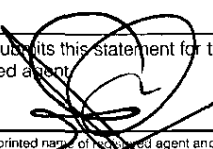
Street Address (P.O. Box Number is Not Acceptable)  
**8461 SW 68 ST RD**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **BROKER**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>DOMINGUEZ, LUIS J</b>	<b>8461 SW 68 ST RD</b>	<b>MIAMI FL 33175</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>DOMINGUEZ, MARIA J</b>	<b>8461 SW 68TH STREET RD</b>	<b>MIAMI FL 33143</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>RAMFIS DOMINGUEZ, LUIS JOSE</b>	<b>10400 SW 67 AV.</b>	<b>PINECREST FL 33156</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED BROKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)