

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008859

1. Entity Name

LUXEN CORPORATION

FILED

Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90009 001 ***150.00

Principal Place of Business
3116 WINDOVER AVENUE
KISSIMMEE FL 34741

Mailing Address
3116 WINDOVER AVENUE
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3561913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TERPE, HORATIUS
3116 WINDOVER AVENUE
KISSIMMEE FL 34741

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TERPE, HORATIUS	
STREET ADDRESS	3116 WINDOVER AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERPE, VALERIA	
STREET ADDRESS	3116 WINDOVER AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERPE, HORATIUS	
STREET ADDRESS	3116 WINDOVER AVENUE	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	C.E.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERPE VALERIA	
STREET ADDRESS	3116 WINDOVER AVE	
CITY-ST-ZIP	KISSIMMEE, FLORIDA	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONIKA VASQUEZ	
STREET ADDRESS	1617 EMILY COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERIA KATONA	
STREET ADDRESS	1617 EMILY COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-02-2001 407 246-4533

CR2E034 (10/00)