

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000028118**

1. Entity Name

**LUXURY CONCEPTS, INC.***R*FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS

00 SEP 27 AM 7:02

B0106255



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9048 N.W. 5TH AVENUE MIAMI FL 33150		Mailing Address 9048 N.W. 5TH AVENUE MIAMI FL 33150	
2. Principal Place of Business		3. Mailing Address P.O. Box 381961	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Miami, FL	
City & State		City & State 33238	
Zip	Country	Zip	Country
4. FEI Number 65-0905893		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HANKERSON, SARAH 9048 N.W. 5TH AVENUE MIAMI FL 33150		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 <i>Sarah H</i> DATE <i>5/13/00</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKERSON, SARAH 9048 N.W. 5TH AVENUE MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Sarah H</i>		5/9/00 305-757-3468	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/00)

9/01/00

Attachment  
#P99000028118  
B0106255

TO: Florida Department of State  
FROM: Luxury Concepts, Inc.  
RE: UBE fee

TO Whom It May Concern:

I am writing because I  
recall mailing in my  
report ~~back~~ on time, am asking  
that you check your  
records please. I am enclosing  
the \$150.00 amount  
for my filing fees.

Thank you,

Sara Hart