

2001 UNIFORM BUSINESS REPORT (UBR)

5/24

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-24-2001 90006 032 ***150.00

DOCUMENT # **P 99000028118**

1. Entity Name **Luxury Concepts, Inc.**

Principal Place of Business Mailing Address
9048 NW 5th Ave Miami, FL 33150



75110

2. Principal Place of Business **9048 NW 5th Ave**
 Suite, Apt. #, etc. **Miami, FL**
 City & State **33150**
 Zip **33150** Country **US**

3. Mailing Address **P.O. Box 381961**
 Suite, Apt. #, etc.
 City & State **Miami, FL**
 Zip **33238** Country **US**

4. FEI Number **65-0905893**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Sara A. Hankerson
9048 NW 5th Ave
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	Sara A. Hankerson ☐ Delete P.O. Box 381961 (President) Miami FL 33238-1961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Delete Betty A. McCray P.O. Box 1121 Dania Beach, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Delete Barbara J. Cobb 7031 S.W. 29th St Miami, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willie J. Gant Jr. ☐ Delete 4320 N.W. 182 St Miami, FL 33056 Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **Sara Hankerson** **4/26/01** **305 757-3468**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)