

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028118

1. Entity Name  
LUXURY CONCEPTS, INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 91836 029 \*\*\*150.00

0636983 AT

Principal Place of Business  
9048 N.W. 5TH AVENUE  
MIAMI FL 33150

Mailing Address  
P.O. BOX 381961  
MIAMI FL 33238



2. Principal Place of Business  
9356 NW 17th Ave  
Suite, Apt. #, etc.  
Miami, FL  
City & State  
33238  
Zip  
Country US

3. Mailing Address  
P.O. Box 381961  
Suite, Apt. #, etc.  
Miami, FL  
City & State  
33238-1961  
Zip  
Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0905893  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HANKERSON, SARAH  
9048 N.W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sarah Halker Sarah Hankerson (President) 04/27/03  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	HANKERSON, SARAH	
STREET ADDRESS	PO BOX 381961	
CITY-ST-ZIP	MIAMI FL 33238-1961	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCRAY, BETTY A	
STREET ADDRESS	PO BOX 1121	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	S	<input type="checkbox"/> Delete
NAME	COBB, BARBARA J	
STREET ADDRESS	7031 SW 29TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GANT, WILLIE JR	
STREET ADDRESS	4220 NW 182 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Hankerson, Robert JR	
CITY-ST-ZIP	9356 NW 17th Ave. Miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sarah A. Hankerson 04/27/03 (786.351.1910)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)