

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**  
 04-25-2000 90009 016 \*\*\*158.75

**DOCUMENT # P99000036776**

1. Entity Name  
**LUCSA CORP.**

Principal Place of Business <b>PONCE DE LEON BLVD SUITE 240</b> <b>GABLES FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD SUITE 240</b> <b>CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10850 SW 113 PLACE</b> Suite, Apt. #, etc. <b>209</b> City & State <b>MIAMI, FL</b> Zip <b>33176</b>	3. Mailing Address <b>10850 SW 113 PLACE</b> Suite, Apt. #, etc. <b>209</b> City & State <b>MIAMI, FL</b> Zip <b>33176</b> - Country <b>U.S.A.</b>
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4. FEI Number <b>65-0917277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**PRATS, GABRIEL**  
**2121 PONCE DE LEON BLVD SUITE 240**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPTS</b>	<input type="checkbox"/> Delete	TITLE <b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARIOLA-SANZ, LUIS JORGE</b>		NAME <b>CARIOLA-SANZ, LUIS JORGE</b>	
STREET ADDRESS <b>2121 PONCE DE LEON BLVD SUITE 240</b>		STREET ADDRESS <b>10850 SW 113 PLACE, # 209</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>		CITY-ST-ZIP <b>MIAMI, FL 33176.</b>	
TITLE <b>D, T.</b>	<input type="checkbox"/> Delete	TITLE <b>D, T.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CASAL ARIAS, ROBERTO</b>		NAME <b>CASAL ARIAS, ROBERTO</b>	
STREET ADDRESS <b>10850 SW 113 PLACE, # 209</b>		STREET ADDRESS <b>10850 SW 113 PLACE, # 209</b>	
CITY-ST-ZIP <b>MIAMI, FL 33176.</b>		CITY-ST-ZIP <b>MIAMI, FL 33176.</b>	
TITLE <b>GENERAL MANAGER</b>	<input type="checkbox"/> Delete	TITLE <b>GENERAL MANAGER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARIOLA SANZ, LUIS JORGE</b>		NAME <b>CARIOLA SANZ, LUIS JORGE</b>	
STREET ADDRESS <b>10850 SW 113 PLACE, # 209</b>		STREET ADDRESS <b>10850 SW 113 PLACE, # 209</b>	
CITY-ST-ZIP <b>MIAMI, FL 33176.</b>		CITY-ST-ZIP <b>MIAMI, FL 33176.</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of the corporation; 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: \_\_\_\_\_ **4/18/00** **305-**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)