

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90045 008 ***158.75

DOCUMENT # P99000036776

1. Entity Name

LUCSA CORP.

Principal Place of Business

**10850 SW 113 PLACE
209
MIAMI FL 33176**

Mailing Address

**10850 SW 113 PLACE
209
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**2121 Ponce de Leon Blvd
240
Coral Gables, FL
33134
USA**



DO NOT WRITE IN THIS SPACE

4. SEI Number **65-0917277**

Applied For

Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATS, GABRIEL
2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	CARIOLA-SANZ, LUIS JORGE	
STREET ADDRESS	10850 SW 113 PLACE #209	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CASAL ARIAS Q, ROVERTO	
STREET ADDRESS	10850 SW 113 PLACE #209	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	GM	<input type="checkbox"/> Delete
NAME	CARIOLA SANZ, LUIS JORGE	
STREET ADDRESS	10850 S 113 PLACE #209	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 supplement 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 the receiver 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/19/01 (1/305) 271 2363

CR2E034 (10/00)