

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91210 038 ***150.00

DOCUMENT # P99000036776

1. Entity Name
LUCSA CORP.

Principal Place of Business

10850 SW 113 PLACE
209
MIAMI FL 33176

Mailing Address

2121 PONCE DE LEON BLVD
240
CORAL GABLES FL 33134

2. Principal Place of Business

9848 NW 117th PL

3. Mailing Address

9848 NW 117th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0917277

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

☐

\$8.75 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

JORGE E. OYARCE

Street Address (P.O. Box Number is Not Acceptable)

C/O JE OYARCE & ASSOCIATES

199 SW 12TH AVENUE, SUITE 11

City

MIAMI

FL

Zip Code

33130-1056

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

JORGE E. OYARCE

4/22/02

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, 2002-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 **DPS** ☐ Delete
 NAME **CARIOLA-SANZ, LUIS JORGE**
 STREET ADDRESS **10850 SW 113 PLACE #209**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **DT** ☐ Delete
 NAME **CASAL ARIAS Q, ROVERTO**
 STREET ADDRESS **10850 SW 113 PLACE #209**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **GM** ☐ Delete
 NAME **CARIOLA SANZ, LUIS JORGE**
 STREET ADDRESS **10850 S 113 PLACE #209**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS J. CARIOLA, PRESIDENT

4/22/02

305-324-2248

Date

Daytime Phone #

CR2E034 (9/01)