

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-19-2000 90101 023 ***150.00

DOCUMENT # P99000044200

1. Entity Name

LUMEN, CORP.

R

Principal Place of Business

**10325 COVENTRY COURT
BOCA RATON FL 33428**

Mailing Address

**10325 COVENTRY COURT
BOCA RATON FL 33428-5211**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

63-0921795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUDENA, EDGAR R
10325 COVENTRY COURT
BOCA RATON FL 33428**

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

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, 2000 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 **PRESIDENT** ☐ Delete
NAME **EDGAR R. LUDENA**
STREET ADDRESS **10325 COVENTRY CT.**
CITY-ST-ZIP **BOCA RATON FL. 33428**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **WENDY P. BUTIERREZ**
STREET ADDRESS **1105 FOSTERS MILL DR.**
CITY-ST-ZIP **BOYTON BEACH FL. 33436**

TITLE **SECRETARY** ☐ Delete
NAME **VERONICA LUDENA**
STREET ADDRESS **10325 COVENTRY CT.**
CITY-ST-ZIP **BOCA RATON FL. 33428**

TITLE **TREASURER** ☐ Delete
NAME **FRANKLIN MENCAS**
STREET ADDRESS **1105 FOSTERS MILL DR.**
CITY-ST-ZIP **BOYTON BEACH FL. 33436**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR R. LUDENA

05/01/2000 (561) 451-8425

Date

Daytime Phone #