

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061769

1. Entity Name

LUMAR PAINTING SERVICES, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90046 039 \*\*\*150.00

Principal Place of Business

7230 SW 131ST AVENUE  
MIAMI FL 33183

Mailing Address

7230 SW 131ST AVENUE  
MIAMI FL 33183

2. Principal Place of Business

13411 SW 82 ST

3. Mailing Address

13411 SW 82 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLA

City & State

MIAMI - FLA

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number

65-0943805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAST, LOUIS F  
10311 SW 56TH ST  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

LOUIS F. CAST

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

8405 NW 23 STREET

Suite 2100

City

MIAMI

FL

Zip Code

33166

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	REYES, SEGUNDO S	
STREET ADDRESS	7230 SW 131 AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VT	<input type="checkbox"/> Delete
NAME	REYES, LUIS A	
STREET ADDRESS	19361 SW 117 AVENUE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

(305) 408-3664

Daytime Phone #

CR2E034 (10/00)