

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-17-2000 90080 043 ***150.00
08-21-2000 90204 004 ***400.00

DOCUMENT # P99000062682

1. Entity Name

LUALCA GROUP, INC.

Principal Place of Business

5041 S.W. 148 PL
MIAMI FL 33185

Mailing Address

5041 S.W. 148 PL
MIAMI FL 33185-4102

2. Principal Place of Business

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0935038

Applied For

Not Applicable

Zip

Country

Zip

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKOVICH, CARMEN

5041 S.W. 148 PL

MIAMI FL 33185

5041 SW 148 PL

MIAMI FL 33185

Name

Street Address (P.O. Box Numbers Not Applicable)

P.O. Box 836703

City MIAMI

FL

Zip 33283-6703

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARKOVICH, CARMEN	
STREET ADDRESS	5041 S.W. 148 PL	
CITY-ST-ZIP	MIAMI FL 33185	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOVICH, CARMEN	
STREET ADDRESS	P.O. Box 836703	
CITY-ST-ZIP	MIAMI FL 33283-6703	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTO E. MAROVICH	
STREET ADDRESS	P.O. Box 836703	
CITY-ST-ZIP	MIAMI FL 33283-6703	
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 reports 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

Date

Daytime Phone #

CR2E034 (9/99)