

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99 0000 64563**

1. Entity Name

**LUQUE OSPINA + COMPANY, INC** ✓

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90014 010 \*\*\*558.75

**00066841**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2105 Brickell Ave**  
**Suit 203**  
**Miami FL 33329**

Mailing Address

**2105 Brickell Ave**  
**Suit 203**  
**Miami FL 33129**

2. Principal Place of Business

**888 Crestview Cir**

3. Mailing Address

**888 Crestview Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Weston, FL**

City & State

**Weston, FL**

4. FEI Number

**65-0934639**

Applied For

Not Applicable

Zip

Country

**33329-1852**

**USA**

Zip

Country

**33329-1852**

**USA**

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

**Maria Clara Luque**  
**888 Crestview Cir.**  
**Weston FL 33327**

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

**Wb Cbacc Luque**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**06-23-00**

9. This corporation is eligible to satisfy its Intangible

**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

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D, P**  
**Maria Clara Luque**  
**888 Crestview Cir**  
**Weston, FL 33327-1852**

☐ Delete

TITLE  
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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:

**Wb Cbacc Luque**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06-23-00**

Date

Daytime Phone #

**954**  
**2179758**

CR2E034 (9/99)