

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 005 ***150.00

DOCUMENT # **P99000064563**

1. Entity Name

LUQUE OSPINA & COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

888 CRESTVIEW CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

USA

3. Mailing Address

888 CRESTVIEW CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

USA

4. FEI Number

65-0934639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LUQUE, MARIA C

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

888 CRESTVIEW CIRCLE

City

WESTON

FL

Zip Code
33327

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LUQUE GARCIA, MARIA CLARA
888 CRESTVIEW CIRCLE
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MONTENEGRO, RODRIGO
888 CRESTVIEW CIRCLE
WESTON, FL 33327**

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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Uba Clara Luque**

MARIA CLARA LUQUE GARCIA 4/22/02 (954) 217-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0346 (12/01)