## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000065382 May 24, 2000 8:00 am Secretary of State 1. Entity Name LUCY AGNES, INC. 04-25-2000 90053 043 \*\*\*150.00 Principal Place of Business Mailing Address 777 NORTHWEST 72ND AVENUE 777 NORTHWEST 72ND AVENUE 2 PLAZA 9 2 PLAZA 9 MIAMI FL 33126-3009 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City iam statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam ichelle Freygang-Pres SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSD** ☐ Change ☐ Addition CR2E034 /9/99 ☐ Delete TITLE TITLE FREYGANG, MICHELLE NAME NAME 777 NORTHWEST 72ND AVENUE 2 PLAZA 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ٧D ☐ Change ☐ Addition ☐ Delete TITLE TITLE MORERA, JACQUES NAME NAME 777 NORTHWEST 72ND AVENUE 2 PLAZA 9 STREET ADDRESS SYREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐1 Change TITLE Delete भागा ह NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP City-St-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME Street Address STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 leport 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 truttee empreced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the recei changed, or on an attach