

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
04-17-2001 90076 007 \*\*\*150.00

024034

**DOCUMENT # P99000093220****1. Entity Name**  
**LUMETCO, INC.****Principal Place of Business**  
**999 PONCE DE LEON BLVD**  
**#1110**  
**CORAL GABLES FL 33134****Mailing Address**  
**P.O. BOX 56-2825**  
**MIAMI FL 33256****2. Principal Place of Business**  
**10435 S.W. 186 Lane**  
Suite, Apt. #, etc.**3. Mailing Address**  
**P.O. BOX 97-2197**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**MIAMI FLA. 33157**  
Zip **33157** Country **DADE****City & State**  
**MIAMI, FLA. 33197**  
Zip **33197** Country **DADE****4. FEI Number** **APPLIED FOR**  
**65-1056443**  
**Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional**  
**Fees Required****6. Name and Address of Current Registered Agent****TRIAY, CARLOS A**  
**999 PONCE DE LEON BLVD**  
**#1110**  
**CORAL GABLES FL 33134****7. Name and Address of New Registered Agent****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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** **Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** ☐ **Delete**  
**NAME** **PSTD**  
**STREET ADDRESS** **ARREDONDO, GASPAR JR.**  
**CITY-ST-ZIP** **999 PONCE DE LEON BLVD. SUITE 1110**  
**CORAL GABLES FL 33134****TITLE** ☐ **Delete**  
**NAME** **VD**  
**STREET ADDRESS** **ARREDONDO, IMARA**  
**CITY-ST-ZIP** **999 PONCE DE LEON BLVD. SUITE 1110**  
**CORAL GABLES FL 33134****TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☒ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS** **P.O.Box 56-2825**  
**CITY-ST-ZIP** **MIAMI, FLA. 33256**☒ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS** **P.O.Box 56-2825**  
**CITY-ST-ZIP** **MIAMI, FLA. 33256**☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ **Change** ☐ **Addition**  
**TITLE**  
**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)