

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 6001 00377

1. Entity Name

LUZ GITANA INC

Principal Place of Business

Mailing Address

59 West MAIN STREET
APOPKA, FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

PABLO RODRIGUEZ
310 N. S. BUNNY AVE
DALLAND, FL 32803

Name JUAN BARRIS

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

59 West MAIN STREET

City APOPKA

FL Zip Code 32703

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, 2001 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 PRESIDENT
NAME JUAN BARRIS
STREET ADDRESS 59 West MAIN STREET
CITY-ST-ZIP APOPKA, FL 32703

TITLE VICE-PRESIDENT
NAME ZENAIDA C. HERNANDEZ
STREET ADDRESS 59 West MAIN STREET
CITY-ST-ZIP APOPKA, FL 32703

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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 #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90375 030 ***158.75

00055921

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)