2000 UNIFORM BUSINESS REPORT (UBR)

MATURE:

FILED **DOCUMENT # \$19870** Feb 22, 2000 8:00 am 1. Entity Name LUSO OF FLORIDA ENTERPRISES. INC. **Secretary of State** 02-22-2000 90055 044 ***150.00 Principal Place of Business Mailing Address 1300 S. HIGHLAND AVE. C/O SUN STATE MGMT. & REALTY. INC 1300 S. HIGHLAND AVE. CLAERWATER FL 34616 CLEARWATER FL 33756-6519 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3061486 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUN STATE MGMT. & REALTY, INC Street Address (P.O. Box Number is Not Acceptable) 1300 S. HIGHLAND AVE. **CLAERWATER FL 34616** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition NAME PEREIRA, LEONARDO NAME STREET ADDRESS STREET ADDRESS 1152 COLLEGE ST. CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONT., CAN. M6H1BS ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME SUBSECT ANDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIF Addition ☐ Delete Change NAME Annaess STREET ADDRESS CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE STREET ADDRESS CITY-ST-ZIP 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 LEGNARDO PEREIRA

Date

Daytime Phone #