

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79593

1. Entity Name

LUIS DEVELOPMENT & CONSTRUCTION, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90140 048 \*\*\*150.00

Principal Place of Business

Mailing Address

2814 COCONUT AVE  
COCONUT GROVE FL 33133  
US

2814 COCONUT AVE  
COCONUT GROVE FL 33133-3725  
US

2. Principal Place of Business

3. Mailing Address

2761 West Trade Ave 2761 West Trade Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL.

City & State

COCONUT GROVE, FL.

4. FEI Number

65-0291419

Applied For

Not Applicable

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

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

LUIS, MIKE A.  
2814 COCONUT AVENUE  
SUITE 204  
COCONUT GROVE FL 33133

Name

Michael A. Luis

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

2761 West Trade Ave.

City Coconut Grove FL Zip Code 33133

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.

Michael A. Luis

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LUIS, MIKE A.	
STREET ADDRESS	2814 COCONUT AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis, Mike A.	
STREET ADDRESS	2761 West Trade Ave	
CITY-ST-ZIP	COCONUT GROVE, FL. 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4-28-00 (305) 446-1929

Date

Daytime Phone #

CR2E034 (9/99)