

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99428

1. Entity Name

LUFA CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90117 044 ***150.00

Principal Place of Business

Mailing Address

401 BISCAYNE BLVD. #S-137
FL 33132

1423 WASHINGTON AVENUE
MIAMI BEACH FL 33127-4119
US

2. Principal Place of Business

3. Mailing Address

401 BISCAYNE BLVD.

425 N.W. 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S-110

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0300488

Applied For
Not Applicable

Zip 33132 Country USA

Zip 33127 Country USA

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

PEREZ, JAIME
1423 WASHINGTON AVE
MIAMI BEACH FL 33139

Name

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

425 NW 26 ST.

City MIAMI

FL

Zip Code 33127

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, 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 ☐ Delete
NAME PEREZ, JAYME
STREET ADDRESS 1423 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 425 NW 26 ST
CITY-ST-ZIP MIAMI FL 33127

TITLE VPS ☐ Delete
NAME PEREZ, JOAO R
STREET ADDRESS 1423 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 425 NW 26 ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)