FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

6/8/

FILED
Jul 01, 2004 8:00 am
Secretary of State
06-08-2004 90001 039 ***150.00

DOCUMENT # V40069

1. Entity Name

MA Lu's Services Corp.

DO NOT WRITE IN THIS SPACE

66429253

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1110 Congressional Way	PO Box 812625	65-0342447	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: Deerfield Bch-FL	City & State: Boca Raton-FL		
Zip: 33442 Country: US	Zip: 33442 Country: US	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA LUCIA FRANCA

Street Address (P.O. Box Number is Not Acceptable): 1110 Congressional Way

City: Deerfield Bch - FL Zip Code: 33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Franca 05/31/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME FRANCA, MARIA LUCIA STREET ADDRESS 1110 CONGRESSIONAL WAY CITY-ST-ZIP Deerfield Bch - FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Franca - Owner 05/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #