

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63474

1. Entity Name

LUVIX, INC.

Principal Place of Business

2004 SHEFFIELD AVE.
MARCO ISLAND FL 34145
US

Mailing Address

P O BOX 863
MARCO ISLAND FL 34146-0863

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 65-0364345

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

SACO, JOSE M.
545 NW GOLDEN GATE BLVD.
NAPLES FL 33964

Name JOSE M. SACO
Street Address (P.O. Box Number is Not Acceptable)
2004 Sheffield Ave.
City Marco Island FL Zip Code 34145

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

4/19/00

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	SACO, JOSE M	
STREET ADDRESS	2004 SHEFFIELD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 34146	
TITLE	S	<input type="checkbox"/> Delete
NAME	SACO, YVETTE L	
STREET ADDRESS	2004 SHEFFIELD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 34146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SACO, VICTOR A	
STREET ADDRESS	2004 SHEFFIELD AVE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/19/00

Date

941-389-2135

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)