

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000012288

Entity Name: LUXAMA REYME ORGANIZATION CORP.**Current Principal Place of Business:**1739 QUEEN PALM WAY
NORTH PORT, FL 34288**Current Mailing Address:**1739 QUEEN PALM WAY
NORTH PORT, FL 34288 US**FEI Number: 84-4045962****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHERY, LYDIE R
1739 QUEEN PALM WAY
NORTH PORT, FL 34288 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	REYME, EMMANUEL
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

Title	SD
Name	CHERY, LYDIE R
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

Title	D
Name	REYME, DEBORAH E
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

Title	TD
Name	CHERY, BERNARD V
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

Title	D
Name	NORRIS, STACY
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

Title	D
Name	REYME, SERTILIA
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

Title	D
Name	REYME, EMMANUEL JR
Address	1739 QUEEN PALM WAY
City-State-Zip:	NORTH PORT FL 34288

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMMANUEL REYME**PRESIDENT****03/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date