

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444874

1. Entity Name

REDI-DOS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90027 020 ***150.00

Principal Place of Business

Mailing Address

2730 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-4894

2730 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-4808

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

59-1519587

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

LOPILATO, JAMES
11606 SUNFISH WAY
COOPER CITY FL 33026

Name

LOPILATO, JAMES

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

2730 HOLLYWOOD BLVD

City

HOLLYWOOD

FL

Zip Code

33020

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	D	<input type="checkbox"/> Delete
NAME	LOPILATO, JAMES	
STREET ADDRESS	11606 SUNFISH WAY	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOPILATO, CONSTANTINE	
STREET ADDRESS	4100 N 37TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOPILATO, JAMES	
STREET ADDRESS	11606 SUNFISH WAY	
CITY-ST-ZIP	COOPER CITY 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPILATO, JAMES	
STREET ADDRESS	8900 NW 34 ST	
CITY-ST-ZIP	COOPER CITY, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPILATO, JAMES	
STREET ADDRESS	8900 NW 34 ST	
CITY-ST-ZIP	COOPER CITY, FL 33024	
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

Date

Daytime Phone #

4/8/00

954 921 8656

CR2E034 (9/99)