

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91774 029 \*\*\*150.00

0402359  
AV

**DOCUMENT # F99000006406**

1. Entity Name  
**LUPO TEXAS, INC.**



Principal Place of Business  
**190 GLADES ROAD  
SUITE C  
BOCA RATON FL 33432**

Mailing Address  
**190 GLADES ROAD  
SUITE C  
BOCA RATON FL 33432**

2. Principal Place of Business  
**2295 N.W. Corporate Blvd.**

3. Mailing Address  
**2295 N.W. Corporate Blvd.**

Suite, Apt. #, etc.  
**Suite 135**

Suite, Apt. #, etc.  
**Suite 135**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number **65-0821303**

Applied For  
Not Applicable

Zip Country  
**33431 USA**

Zip Country  
**33431 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**

**LUPO, VITO J  
190 GLADES RD  
STE C  
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2295 N.W. Corporate Blvd., Suite 135**

City Zip Code  
**Boca Raton, FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **PDS**  
STREET ADDRESS **LUPO, VITO J**  
CITY-ST-ZIP **190 WEST GLADES ROAD, SUITE C  
BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2295 N.W. Corporate Blvd., Suite 135**  
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **LUPO, VITO J**  
CITY-ST-ZIP **190 WEST GLADES ROAD, SUITE C  
BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2295 N.W. Corporate Blvd., Suite 135**  
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**  
Date

**561-395-7410**  
Daytime Phone #

CR2E034 (10/02)