

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K29182**

1. Entity Name

CUPAR INTERNATIONAL, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90004 013 ***150.00

Principal Place of Business

Mailing Address

~~237 LOOKOUT PLACE~~
~~100~~
MAITLAND FL 37251

PO BOX 1656
MAITLAND FL 32794

2. Principal Place of Business

3. Mailing Address

549 Wymore Road, North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 109

City & State

City & State

Maitland, FL

Zip
32751

Country
USA

Zip

Country

4. FEI Number

58-1209967

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

ICARDI, JEFFREY A.
237 LOOKOUT PLACE
~~100~~
MAITLAND FL 37251

Name

ICARDI, JEFFREY A.

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

549 Wymore Road, North, Suite 109

City

Maitland

FL

Zip Code

32751

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANNIL, HARRY
CALLE LONDRES EDIF. PLAZA C PISO #6
LAS MERCEDES, CARACAS VE ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALVEZ, WALTER L.
CALLE LONDRES EDIF. PLAZA C PISO #6
LAS MERCEDES, CARACAS VE ☐ Delete

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

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 #

1.23.2002 607-647-1859

CR2E034 (9/01)