

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51556

1. Entity Name
LEPANTO CORPORATION

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90229 028 ***150.00

Principal Place of Business

**145 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

Mailing Address

**145 CURTISS PARKWAY
MIAMI SPRINGS FL 33166-5220**

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

65-0298447

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

**CARLSON, ALEX E.
145 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

Name

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

City

FL

Zip Code

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 not applicable)

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 ☐ Delete
NAME **P PEREZ-RAMON, IGNACIO**
STREET ADDRESS **2621 SW 24TH STREET**
CITY- ST- ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME **VAS POMPEYO DIAZ**
STREET ADDRESS **2621 SW 24TH STREET**
CITY- ST- ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME **S BERNAT-MARTIN, LINA**
STREET ADDRESS **2621 SW 24TH STREET**
CITY- ST- ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME **T PEREZ, IGNACIO JR.**
STREET ADDRESS **2621 SW 24TH STREET**
CITY- ST- ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or liquidator of the corporation and that I have the authority to execute this report as required by Chapter 607, Florida Statutes. If my name appears in Block 11 or Block 12 it changed, or on an attachment, with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PLEASE SIGN
& DATE**

305-554-5535