

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90125 018 ***550.00

DOCUMENT # L59757

1. Entity Name
EL PUPITO, INC.

(LP)

Principal Place of Business
**1601 W. COPANS RD.
 POMPANO BEACH FL 33064**

Mailing Address
**1601 W. COPANS RD.
 POMPANO BEACH FL 33064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0181677**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SALAMEH, MOHAMMED S
 3523 COCOPLUM CIRCLE
 COCONUT CREEK FL 33063**

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 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☐ Delete
 NAME **SALAMEH, MOHAMMED S**
 STREET ADDRESS **3523 COCOPLUM CIRCLE**
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **SALAMEH, MOHAMMED S.**
 STREET ADDRESS **11797 Watercrest Ln.**
 CITY-ST-ZIP **Boca Raton, FL 33498**

TITLE **D** ☐ Delete
 NAME **FARES, MUNIR R**
 STREET ADDRESS **2720 SUMERSET DR, #W-318**
 CITY-ST-ZIP **LAUDERDALE LKS FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **FARES, MUNIR R.**
 STREET ADDRESS **21516 Halstead Dr.**
 CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 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 OF MUNIR FARES, V.P.

Date

Daytime Phone #

CR2E034 (5/01)