

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M16864

1. Entity Name

LOTY INTERNATIONAL WHOLESALERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAR 14 AM 11:26

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

2300 CORAL WAY
SUITE 200
MIAMI FL 33145-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2606921

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

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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

AMADA CANTERA LOPEZ, PRES.

3/9/00

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	DVT	<input type="checkbox"/> Delete
NAME	CABRERA, BALDOMERO	
STREET ADDRESS	325 SW 97 COURT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIXENS, ROSA MARIÉ ✓	
STREET ADDRESS	9921 DICKENS AVE.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CABRERA, SEVERO R. ✓	
STREET ADDRESS	7656 W 30 COURT	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GONZALEZ, GILBERTO ✓	
STREET ADDRESS	1400 E-WEST HWY #630	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, EMMA ✓	
STREET ADDRESS	2308 E. W. HWY.	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, GILBERTO A ✓	
STREET ADDRESS	6331 LAKEWOOD DR.	
CITY-ST-ZIP	FALLS CHURCH VA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003172611-9	
STREET ADDRESS	-03/16/00--01065--013	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, SEVERO R.	
STREET ADDRESS	651 W 64 DR	
CITY-ST-ZIP	HIALEAH, FL 33012	
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
SEVERO R. CABRERA, DIR.

Date

Daytime Phone #

CR2E034 (9/99)