

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0253990 AV

DOCUMENT # M16864

1. Entity Name  
LOTY INTERNATIONAL WHOLESALERS, INC.



FILED  
03 APR -9 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

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 59-2606921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title if applicable

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE 4/10/03

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 DVT  
NAME CABRERA, BALDOMERO  
STREET ADDRESS 325 SW 97 COURT  
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300015772503  
04/14/03--01006--011 \*\*150.00

TITLE D  
NAME GUIXENS, ROSA MARIE  
STREET ADDRESS 9921 DICKENS AVE.  
CITY-ST-ZIP BETHESDA MD ☐ Delete

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

TITLE DS  
NAME CABRERA, SEVERO R  
STREET ADDRESS 651 W 64 DR  
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE DP  
NAME GONZALEZ, GILBERTO  
STREET ADDRESS 1400 E-WEST HWY #630  
CITY-ST-ZIP SILVER SPRINGS MD ☐ Delete

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

TITLE D  
NAME GONZALEZ, EMMA  
STREET ADDRESS 2308 E. W. HWY.  
CITY-ST-ZIP SILVER SPRINGS MD ☐ Delete

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

TITLE D  
NAME GONZALEZ, GILBERTO A  
STREET ADDRESS 6331 LAKEWOOD DR.  
CITY-ST-ZIP FALLS CHURCH VA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
AB 4/9

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)