

2nd Form w

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90073 009 ***150.00

DOCUMENT # **P000 00035224**

1. Entity Name

LOBO'S LATHING, INC.

Principal Place of Business

Mailing Address

1110 S. 14th CT, LANTANA FL 33462

B0062342

2. Principal Place of Business

1110 S. 14th CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA FL

City & State

4. FEI Number

65-0998161

Applied For

Not Applicable

Zip

33462

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

MARTIN MUNIOZ
1110 S. 14th CT
LANTANA FL 33462

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

Martin Munioz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/10/01

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. MARTIN MUNIOZ**
STREET ADDRESS **1110 S. 14th CT**
CITY-ST-ZIP **LANTANA FL 33462**

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

TITLE ☐ Delete
NAME **UP. TIMOTHY MUNIOZ**
STREET ADDRESS **371 NE 28th CT**
CITY-ST-ZIP **Bayton Beach FL 33435**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 *Martin Munioz*

8/10/01

Attachment
ID# P0000035224
B0U6023412

65-0998161
Dep: of STATE