

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002295

1. Entity Name

LOPRESTI ENTERPRISES INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90381 001 ***150.00

Principal Place of Business

Mailing Address

2210 COLLINS AVE
MIAMI FL 33139
US

2210 COLLINS DR
MIAMI FL 33139-1718
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5445 COLLINS AV

3. Mailing Address

5445 COLLINS AV

Suite, Apt. #, etc.

CU-6A

Suite, Apt. #, etc.

#1518

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0384804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, GERARDO
2210 COLLINS AVE
MIAMI FL 33134

7. Name and Address of New Registered Agent

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 \$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

TITLE PTVS
NAME DOMINGUEZ, GERARDO
STREET ADDRESS 2210 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME DOMINGUEZ GERARDO
STREET ADDRESS 340 SW 122 CT
CITY-ST-ZIP MIAMI FL 33140 ☒ Change ☐ Addition

TITLE VP
NAME DOMINGUEZ ALEJANDRO
STREET ADDRESS 340 SW 122 CT
CITY-ST-ZIP MIAMI FL 33140 ☐ Change ☒ Addition

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

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

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

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

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

Date

Daytime Phone #

DOMINGUEZ GERARDO

04-21-2000 305 868-3335

CR2FR34 10/00