

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90043 034 \*\*\*150.00

**DOCUMENT # P95000074969**

1. Entity Name

**TUPI INC.**

Principal Place of Business

**4141 NE 2ND AVE  
MIAMI FL 33137  
US**

Mailing Address

**4338 SW 8TH STREET  
MIAMI FL 33134  
US**

2. Principal Place of Business

**4141 NE 2nd Ave.**

3. Mailing Address

**4141 NE 2 Ave**

Suite, Apt. #, etc.

**110A**

Suite, Apt. #, etc.

**110A**

City & State

**MIAMI FL.**

City & State

**MIAMI FL**

Zip

**33137**

Country

Zip

**33137**

Country

4. FEI Number

**65-0770150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VAGO, NATALIO  
9900 NORTH KENDALL DRIVE  
#K-401  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

**MARTINEZ HUGO**

Street Address (P.O. Box Number is Not Acceptable)

**4141 NE 2 Ave #110A**

City

**MIAMI**

**FL**

Zip Code

**33137**

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

**(X) [Signature]**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/16/01**

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, 2001 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          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FERNANDEZ, ADRIANA E</b>         |  |
| STREET ADDRESS | <b>9900 NORTH KENDALL DR, #K401</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                     |  |
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VAGO, NATALIO F</b>              |  |
| STREET ADDRESS | <b>600 NE 36 ST #307</b>            |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33137</b>               |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | <b>P</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARTINEZ HUGO</b>  |  |
| STREET ADDRESS | <b>4141 NE 2 Ave</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33137</b> |  |
| TITLE          | <b>VP</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>COLLADA JUAN C</b> |  |
| STREET ADDRESS | <b>4141 NE 2 Ave</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33137</b> |  |
| TITLE          | <b>S</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>COLLADA JUAN C</b> |  |
| STREET ADDRESS | <b>4141 NE 2 Ave</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33137</b> |  |
| 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    |                       |  |
| 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: **(X) [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HUGO MARTINEZ  
PRESIDENT**

Date

Daytime Phone #

**1/16/01**

CR2E034 (10/00)