

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093675

1. Entity Name

CITO, LOPES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90382 037 ***150.00

Principal Place of Business

Mailing Address

741 HERON RD
FT. LAUDERDALE FL 33326

121 S.E. 1ST STREET
SUITE 810
MIAMI FL 33131-1405

2. Principal Place of Business

3. Mailing Address

16130 EMERALD COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

4. FEI Number

65-0710376

Applied For

Not Applicable

Zip

33331

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

KALKAS, MARTTI
121 S. E. 1ST ST., STE 810
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LOPES, JOSE R
STREET ADDRESS 15419 S. W. 54 ST. 16130 EMERALD COVE
CITY-ST-ZIP WESTON FL 33185 WESTON 33331

TITLE
NAME
STREET ADDRESS 16130 EMERALD COVE
CITY-ST-ZIP WESTON FL 33331

TITLE VP
NAME CITO, CARLOS
STREET ADDRESS 741 HERON RD. 1560 ORION LANE
CITY-ST-ZIP WESTON FL 33326 WEST. 33327

TITLE
NAME
STREET ADDRESS 1560 ORION LN
CITY-ST-ZIP WESTON FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos Cito

2/2/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #