

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041190

1. Entity Name

LUPO SERVICE SYSTEM INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90004 037 ***150.00

Principal Place of Business

Mailing Address

15481 SW 59 ST
MIAMI FL 33193

15481 SW 59 ST
MIAMI FL 33428-4254

2. Principal Place of Business

3. Mailing Address

10066 LEXINGTON Estates Blvd
Suite, Apt. #, etc.

10066 LEXINGTON Estates Blvd
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number 65-0751451

Applied For
Not Applicable

Zip
33428

Country

Zip
33428

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

MARTELLI, DIANA
1450 S.W. 17TH ST.
HOMESTEAD FL 33030

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUPO, ANGELO
15481 SW 59 ST
MIAMI FL 33193 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUPO, VILMA
15481 SW 59 ST
MIAMI FL 33193 ☐ Delete

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

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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 #

CR2E034 (9/99)