FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91511 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041190

1. Entity Name
LUPO SERVICE SYSTEM, INC.

DO NOT WRITE IN THIS SPACE

10089752

2. Principal Place of Business: 10301 LEXINGTON ESTATES BLVD	3. Mailing Address: 10301 LEXINGTON ESTATES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33428 Country: USA	Zip: 33428 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0751451 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARTELLI, DIANA.

Street Address (P.O. Box Number is Not Acceptable): 7450 S.W. 177th ST.

City: HOMESTEAD FL Zip Code: 33030.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	LUPO, ANGELO	NAME	
STREET ADDRESS	10301 LEXINGTON ESTATES BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	
TITLE	D.	TITLE	
NAME	LUPO, VILMA.	NAME	
STREET ADDRESS	10301 LEXINGTON ESTATES BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANGELO LUPO APR/23/2003.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #