

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089125

1. Entity Name

LIDO INTERNATIONAL TRADING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90012 021 ***150.00

Principal Place of Business

Mailing Address

JOY LANE
BEACH FL 33484

5184 JOY LANE
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Allstate Easy Pay Plan (EZIP)

Saves Time, Saves Money, Saves Customers

CORRECTION

8. The above named entity submits this

SIGNATURE

Signature, typed or printed name

9. This corporation is eligible to satisfy
Tax filing requirement and elects to
(See criteria on back)

11. ☐ ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
CAMARCHIOLI, JOHN
5184 JOY LANE
DELRAY BEACH FL 33484

TITLE
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STREET ADDRESS
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4. FEI Number

65-0788715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

FL

Zip Code

red agent, or both, in the State of Florida.

ed when reinstating)

DATE

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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☐ 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 #

4/19/2000

CR2E034 (9/99)