

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043266

1. Entity Name

LUPITA INTERNATIONAL, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90170 015 \*\*\*150.00

Principal Place of Business

Mailing Address

37 SKYLINE DR #4301  
LAKE MARY FL 32746

37 SKYLINE DR #4301  
LAKE MARY FL 32746-6213

2. Principal Place of Business

1620 S. CLYDE MORRIS BLVD

Suite, Apt. #, etc.

SUITE 200

3. Mailing Address

1620 S. CLYDE MORRIS BLVD.

Suite, Apt. #, etc.

SUITE 200

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32119

Country

USA

Zip

32119

Country

USA

4. FEI Number

59-3509783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOE, BRIAN R  
3074 W LAKE MARY BLVD #136  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, DENNIS	
STREET ADDRESS	898 HOLLWATER DR	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MILONIG, JOHN	
STREET ADDRESS	393 W LAKEVIEW AVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACKEY, JOHN	
STREET ADDRESS	329 OAK LEAF CIR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, DAVID	
STREET ADDRESS	1742 FIFESHIRE CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NORMAN, VICTOR	
STREET ADDRESS	37 SKYLINE DR #4301	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODMAN, RODNEY	
STREET ADDRESS	37 SKYLINE DR #4301	
CITY-ST-ZIP	LAKE MARY FL 32746	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: John Millonig JOHN MILLONIG 4-28-00 407-321-6003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99