

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090046

1. Entity Name

LUPA CORPORATION

Principal Place of Business

6542 COLLINS AVENUE  
MIAMI BEACH FL 33141

Mailing Address

8501 NW 17TH STREET  
NO 127  
MIAMI FL 33126

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 of Current Registered Agent

OCARIZ, HIRUM  
2151 LEJUNE RD.  
#312  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ALFREDO A ZAPPALA

Street Address (P.O. Box Number is Not Acceptable)

6542 COLLINS AVE

City

MIAMI BEACH

FL

Zip Code  
33141

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)

4/25/01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WANNEMACHER, ANA  
8501 N.W. 17 ST., #127  
MIAMI FL 33126 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WANNEMACHER, NATHAN  
8501 N.W. 17 ST., #127  
MIAMI FL 33126 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ALFREDO A. ZAPPALA  
6542 COLLINS AVE  
MIAMI BEACH, FL. 33141 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
MARIANO M BIANCHI  
6542 COLLINS AVE  
MIAMI BEACH, FL. 33141 ☒ Change ☐ Addition

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

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

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

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

PRES.

04/25/01

Date

305-866-8565

Daytime Phone #

CR2E034 (10/00)

0144949

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90060 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE