

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071269

1. Entity Name

LIPSY INC.

FILED

May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90004 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1101 BRICKELL AVENUE SUITE 1100  
MIAMI FL 33131

1101 BRICKELL AVENUE SUITE 1100  
MIAMI FL 33131-3151

2. Principal Place of Business

15279 NW. 7 STREET

3. Mailing Address

15279 NW. 7 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENMBROKE PINES, FL

City & State

PENMBROKE PINES, FL

4. FEI Number

65-0939740

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENA, J. DAVID

1101 BRICKELL AVENUE SUITE 1100  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

MIGUEL A. CURCI

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

15279 NW. 7 STREET

City

PENMBROKE PINES

FL

Zip Code

33028

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]*  
Signature, typed or printed name of registered agent and title if applicable

MIGUEL A. CURCI

(NOTE: Registered Agent signature required when reinstating)

04-28-00

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 ☐ Delete  
NAME D  
STREET ADDRESS BERNAL, LUCIO DEJESUS  
CITY-ST-ZIP 1101 BRICKELL AVENUE SUITE 1100  
MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS BERNAL, LUCIO DE JESUS  
CITY-ST-ZIP 15279 NW. 7 STREET  
PENMBROKE PINES, FL 33028

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

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

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

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

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00

Date

954-430-7616

Daytime Phone #

CR2E034 (9/99)