## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am **Secretary of State** P99000072726 DOCUMENT # 1. Entity Name 03-11-2002 90034 030 \*\*\*150.00 HYPOLUXO HOLDINGS CORP. Principal Place of Business Mailing Address 7800 CORAL ST. 7800 CORAL ST. HYPOLUXO FL 33462 HYPOLUXO FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0945553 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEMBO, MARGARET A Street Address (P.O. Box Number is Not Acceptable) 7800 CORAL ST. HYPOLUXO FL 33462 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition LEMBO, MARGARET A NAME NAME 7800 CORAL ST. STREET ADDRESS STREET ADDRESS HYPOLUXO FL 33462 CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition LEMBO, NICHOLAS NAME NAME STREET ADDRESS STREET ADDRESS 7800 CORAL ST. CITY-ST-7IP CITY-ST-7IP HYPOLUXO FL 33462 ☐ Delete TITLE ☐ Addition TITLE □ Change NAME GAROFALA, MARY A NAME STREET ADDRESS STREFT ADDRESS 7800 CORAL ST. CITY-ST-ZIP HYPOLUXO FL 33462 CITY-ST-ZIP TITLE TITLE ☐ Detete [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME

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 although the removered of the corporation or the receiver of the corporation of the receiver of the re changed, or on an attachment with an address, with albother like empo

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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