

2001 UNIFORM BUSINESS REPORT (UBR)

5/4/01

FILED
May 30, 2001 8:00 am
Secretary of State

05-04-2001 90164 041 ***150.00

DOCUMENT # **P99000072818**

1. Entity Name

Luvipil Corporation ✓

Principal Place of Business

Mailing Address

3301 Pin Oak Ln.

Subway Sandwich & Salads Tampa FL 33618

2. Principal Place of Business

2001 E. Hillsborough

3. Mailing Address

3301 Pin Oak Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

TAMPA, FL

Zip **33610**

Country **Hillsborough**

Zip **33618**

Country **Hills.**

4. FEI Number

59-3594706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Luis Lozano
3301 Pin Oak Lane
Tampa, FL 33618

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

Luis P. Lozano Pres.

4/24/01

Signature, typed or printed name of registered agent and (if not 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☐ Delete
NAME **Luis P. Lozano**
STREET ADDRESS **3301 Pin Oak Lane**
CITY-ST-ZIP **Tampa, FL 33618**

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

TITLE **Vice-Pres.** ☐ Delete
NAME **Vivian de Lozano**
STREET ADDRESS **3301 Pin Oak Lane**
CITY-ST-ZIP **Tampa, FL 33618**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

(813) 237-3053

CR2E034 (11/00)