

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91613 010 ***150.00

0454136 AV

DOCUMENT # S19870

1. Entity Name
LUSO OF FLORIDA ENTERPRISES, INC.

Principal Place of Business

1300-S-HIGHLAND AVE.
CLAEERWATER FL 34616

Mailing Address

C/O SUN STATE MGMT. & REALTY, INC
1300-S-HIGHLAND AVE.
CLEARWATER FL 34616

2. Principal Place of Business

7211 1st Ave S
 Suite, Apt. #, etc.

3. Mailing Address

c/o Pappas Retail Leasing & Mgmt
 Suite, Apt. #, etc.
PO Box 48547



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

Zip
33707

Country
USA

City & State
St. Petersburg, FL

Zip
33743-8547

Country
USA

4. FEI Number
59-3061486

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUN-STATE MGMT. & REALTY, INC
1300-S-HIGHLAND AVE.
CLAEERWATER FL 34616

7. Name and Address of New Registered Agent

Name
Pappas Retail Leasing & Mgmt
Street Address (P.O. Box Number is Not Acceptable)

7211 1st Ave S
City
St. Petersburg FL **Zip Code**
33707

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 Pauline A. Pappas Pauline A. Pappas 2/7/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PEREIRA, LEONARDO
1152 COLLEGE ST.
TORONTO, ONT., CAN. M6H1B5 ☐ 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
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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 ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Pauline A. Pappas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 727-347-5796
 Date Daytime Phone #

CR2E034 (9/01)