

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90961 006 ***150.00

0314199 AV

DOCUMENT # P02000015966



1. Entity Name
A & J OPIZO SERVICE CO.

Principal Place of Business
1062 S.W. 128 AVE.
MIAMI FL 33184

Mailing Address
1062 S.W. 128 AVE.
MIAMI FL 33184

2. Principal Place of Business
1062 SW 128 AVE
Suite, Apt. #, etc.

3. Mailing Address
1062 SW 128 AVE
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip Country
33184 USA

Zip Country
33184 USA

4. FEI Number
01-0606297

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VAZQUEZ, JOSEFINA M
1062 S.W. 128 AVE.
MIAMI FL 33184

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAZQUEZ, JOSEFINA M 1062 S.W. 128 AVE. MIAMI FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OPIZO, ANGEL R 1062 S.W. 128 AVE. MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Angel R. Opizo* **SIGNATURE REQUIRED** *Angel R. Opizo* 2/19/03 305-218-7791
Date Daytime Phone #

CR2E034 (10/02)