

2000 UNIFORM BUSINESS REPORT (UBR)

0284111

DOCUMENT # P98000066338

1. Entity Name
LOPEZ-AGUIAR AND CANCIO, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 14 PM 2:47

Principal Place of Business Mailing Address
2300 CORAL WAY **2300 CORAL WAY**
SUITE 200 **SUITE 200**
MIAMI FL 33145 **MIAMI FL 33145-3511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0855626 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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.
SIGNATURE: **AMADA CANTERA LOPEZ, PRES.** **3/10/00**
Signature, typed or printed name of registered agent and fee 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD LOPEZ-AGUILAR, CARLOS G**
STREET ADDRESS **2300 CORAL WAY SUITE 100**
CITY-ST-ZIP **MIAMI FL 33145**

Change Addition
300003174418--0
-03/17/00--01073--014
******150.00 ****150.00**

TITLE Delete
NAME **SD CANCIO, HUMBERTO JR**
STREET ADDRESS **2300 CORAL WAY SUITE 100**
CITY-ST-ZIP **MIAMI FL 33145**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition
03/14

TITLE Delete

Change Addition

TITLE Delete

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, if not otherwise empowered.

SIGNATURE: **3/9/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARLOS G LOPEZ AGUILAR

CR2E034 (9/99)