

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066338

1. Entity Name

5

LOPEZ-AGUIAR AND CANCIO, P.A.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 30 PM 3:48

Principal Place of Business Mailing Address
2300 Coral Way 2300 Coral Way
Suite 200 Suite 200
Miami, Fl 33145 Miami, Fl 33145

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

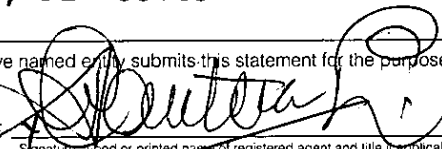
4. FEI Number 65-0855626 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, President**
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, 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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ-AGUIAR, CARLOS G	
STREET ADDRESS	2300 Coral Way Suite 100	
CITY-ST-ZIP	Miami, Fl 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANCIO, HUMBERTO JR	
STREET ADDRESS	2300 Coral Way Suite 100	
CITY-ST-ZIP	Miami, Fl 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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-05/03/01--01104--004
****150.00 ****150.00

Handwritten signature/initials

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:  DATE: 5/15/01 DAYTIME PHONE #

CR2E034 (11/00)