

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066338

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

FILED

02 APR 19 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address
2300 CORAL WAY
SUITE 200
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2300 Coral Way

3. Mailing Address
2300 Coral Way

Suite, Apt. #, etc.
Suite # 200

Suite, Apt. #, etc.
Suite # 200

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0855626

Applied For
Not Applicable

Zip Country
33145 US

Zip Country
33145 US

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

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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**

DATE **3/26/02**

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** Change Addition
NAME **LOPEZ-AGUIAR, CARLOS C**
STREET ADDRESS **2300 Coral Way Suite # 100**
CITY-ST-ZIP **Miami, Fl. 33145**

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

TITLE **500005315305-7** Change Addition
NAME **-04/22/02--01120--014**
STREET ADDRESS ******150.00**
CITY-ST-ZIP ******150.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
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 reports 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/26/02** DAYTIME PHONE #

CRZE034 (9/01)