

2001 UNIFORM BUSINESS REPORT (UBR)

0009769 AF

DOCUMENT # A94000000960					
1. Entity Name LOPEZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 8011 NORTH HIMES AVENUE TAMPA FL 33614			Mailing Address 8011 NORTH HIMES AVENUE TAMPA FL 33614		
<div style="display: flex; justify-content: space-between;"> <div> FILED 01 FEB 13 PM 12:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: right;"> </div> </div>					
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 59-3258650	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, CARLOS M 8011 NORTH HIMES AVENUE TAMPA FL 33614					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Capital Contributions as Shown on record. \$104,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ, CARLOS M 8011 NORTH HIMES AVENUE TAMPA FL 33614		STREET ADDRESS CITY-ST-ZIP		
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:			256-81 813 (935-3000)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

CR2E003 (11/00)