## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F43325

1. Entity Name

THOMAS A. LOPEZ, CERTIFIED PUBLIC ACCOUNTANT PROFESSIONAL ASSOCIATION



## FILED Jan 15, 2003 8:00 am Secretary of State

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	NAL ASSOCIATIO	<b>V</b>								
Principal'Pla 7800 KiLLIA SO MIAMI F		7800	ng Address KILLIAN DR		٠		The state of the state of			457
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2. Principal	Place of Business	3. Mai	3. Mailing Address			-				
Suite, Apt	t. #, etc.	Suite	Suite, Apt. #, etc.				□ CHECK HI	EDC IE MANZINI	COLLANO	50
City & Sta	te	City	City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 59-2125435 Applied For				
Zip Country		Zip	Zip Co		try	5 Certifics	ate of Status Desire	<del></del>	\$8.75	Not Applica
	6. Name and Addre	ss of Current Registere	d Agent					_	Fee Requ	ired
. :			<u> </u>		Name	7. Name a	nd Address of Ne	w Registered	Agent	
	HOMAS A.	-				The second secon				
7800 KILI MIAMI FL	LIAN DRIVE 33156			ĺ	Street Address (P	P.O. Box Num	ber is Not Accept	able)		
					City	<del></del>	<del></del>		Zip Co	- do
. The above	named entity submits this ions of registered agent.	s statement for the purpo	es of shanning is				<del></del>		-   Zip Co	oae
IGNATURE .	Signature, typed or printed name of	f registered agent and title if applic	able. (NO	TE: Registered	Agent signature required w	hen reinstating)		DATE		
ິ່ After	LE NOW!!! FEE IS S May 1, 2003 Fee will!	36 \$550 00		<del>-</del> ,		9. E	lection Campaign	Financing	\$5.0	00 May Be
O. A	Payable to Florida De						rust Fund Contribu	ution.	J Adde	ed to Fees
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I hereby cer indicated on of the corpor changed, or	tify that the information su this report or supplemen ration or the receiver or tr on an attachment with an	pplied with this filing doe tal report is true and accu ustee empowered to execustee empowered to execus address, with all other lii	es not qualify for urate and that moute this report a ke erapowered.	the exempt	ion stated in Section	n 119.07(3)(i e legal effect orida Statutes	), Florida Statutes. as if made under s; and that my nam	I further certify oath; that I am ne appears in E	y that the in an officer of	formation or director Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1/13/o

305-233-4497

CR2F034 (10/02)