

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39916

1. Entity Name  
LOPRAS CORPORATION

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90205 050 \*\*\*150.00

Principal Place of Business  
2075 NW 7TH ST  
MIAMI FL 33125  
US

Mailing Address  
11610 SW 99TH ST  
MIAMI FL 33176-2518

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-2302380**

Applied For  
Not Applicable

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

~~RASPALL, JOSE E~~  
~~2075 NW 7TH ST~~  
~~MIAMI FL 33125~~

Name Siomara Rasall  
Street Address (P.O. Box Number is Not Acceptable)  
11610 S.W. 99th St.  
City miami, FL Zip Code 33176

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 Siomara Rasall DATE 03/01/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RASPALL, JOSE ENRIQUE	
STREET ADDRESS	11610 SW 99TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RASPALL, SIOMARA	
STREET ADDRESS	11610 SW 99TH ST	
CITY-ST-ZIP	MIAMI FL	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASPALL, SIOMARA	
STREET ADDRESS	11610 S.W. 99th St.	
CITY-ST-ZIP	miami, FL 33176	
TITLE	V.P. RASPALL, RAMIRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	11610 S.W. 99th St.	
CITY-ST-ZIP	miami, FL 33176	
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		

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: Siomara Rasall DATE 03/01/01 DAYTIME PHONE # 305 279 2062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)