

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90072 005 \*\*\*\*\*50.00

**DOCUMENT # L00000015332**

1. Entity Name

**SMITH PROPERTIES LOPEZ LLC**

Principal Place of Business

**629 E. AVENIDA DEL RIO  
 CLEWISTON FL 33440**

Mailing Address

**629 E. AVENIDA DEL RIO  
 CLEWISTON FL 33440**

2. Principal Place of Business

**334-A E. Trinidad**

3. Mailing Address

**334-A E. Trinidad**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Clewiston FL**

City & State

**Clewiston FL**

Zip

**33440**

Country

**USA**

Zip

**33440**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DARREN N  
 629 E. AVENIDA DEL RIO  
 CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

Name

**Smith, Darren N.**

Street Address (P.O. Box Number is Not Acceptable)

**334-A E. Trinidad**

City

**Clewiston**

**FL**

Zip Code

**33440**

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

*Signature, typed or printed name of registered agent and title if applicable*

(NOTE: Registered Agent signature required when reinstating)

**4-23-02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete  
 NAME **SMITH, DARREN N**  
 STREET ADDRESS **629 E. AVENIDA DEL RIO**  
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME **Smith, Darren N.**  
 STREET ADDRESS **334-A E. Trinidad**  
 CITY-ST-ZIP **Clewiston FL 33440**

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)