

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/4

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90289 034 \*\*\*150.00

**DOCUMENT # L08437**

1. Entity Name

**CARLOS A. LOPEZ, JR., PROFESSIONAL ASSOCIATION**

Principal Place of Business

**799 BRICKELL PLAZA  
700 SUITE  
MIAMI FL 31131  
US**

Mailing Address

**799 BRICKELL PLAZA  
SUITE 700  
MIAMI FL 33133  
US**

2. Principal Place of Business

**799 Brickell Plaza**

Suite, Apt. #, etc.

**Suite 700**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

3. Mailing Address

**799 Brickell Plaza**

Suite, Apt. #, etc.

**Suite 700**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0163347**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, CARLOS A., JR.  
799 BRICKELL PLAZA  
SUITE 700  
MIAMI FL 33133**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/28/01**

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

TITLE **PS** ☐ Delete  
NAME **LOPEZ, CARLOS A., JR.**  
STREET ADDRESS **799 BRICKELL PLAZA, STE 700**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/28/01**

Date

**(305)**

**379-1600**

Daytime Phone #

CR2E034 (10/00)