

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008369 AF

DOCUMENT # L99000000681

1. Entity Name  
LOPEZ LEVI & ASSOCIATES, L.C.

FILED

01 JUN 18 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

815 NW 57TH AVENUE  
SUITE 125  
MIAMI FL 33126-2042

815 NW 57TH AVENUE  
SUITE 125  
MIAMI FL 33126-2042

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 65-0893230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ-LIMA LEVI, RAIMUNDO  
815 NW 57TH AVENUE  
SUITE 125  
MIAMI FL 33126-2042

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME M RAIMUNDO LOPEZ-LIMA LEVI, C.P.A., P.A. ☐ Delete  
STREET ADDRESS 815 NW 57TH AVENUE SUITE 125  
CITY-ST-ZIP MIAMI FL 33126-2042

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004438063--9  
CITY-ST-ZIP -06/22/01--01098--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME M VALENTIN LOPEZ, INC. ☐ Delete  
STREET ADDRESS 815 NW 57TH AVENUE SUITE 125  
CITY-ST-ZIP MIAMI FL 33126-2042

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/01 266-8580

CR2E083 (11/00)