

DOCUMENT # M39497

1. Entity Name
J.F. LOPEZ & ASSOCIATES, INC.

Principal Place of Business Mailing Address
C/O JOSE F. LOPEZ C/O JOSE F. LOPEZ
555 E 25TH ST SUITE 212 555 E 25TH ST SUITE 212
HIALEAH FL 33013 HIALEAH FL 33013

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 59-2723600 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

LOPEZ, JOSE F.
555 E. 25TH ST.
SUITE 212
HIALEAH FL 33013

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 ☒ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LOPEZ, JOSE F.
STREET ADDRESS 8041 N.W. 166TH ST.
CITY-ST-ZIP HIALEAH FL 33016

☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS Miami Lakes, FL 33016
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LOPEZ, OMARA R.
STREET ADDRESS 8041 N.W. 166TH ST.
CITY-ST-ZIP HIALEAH FL 33016

☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS 8837 NW 162 terrace
CITY-ST-ZIP Miami Lakes, FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE 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 *Jose F. Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01 (305) 8361822
Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90135 007 ***155.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)