

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90341 030 ***158.75

0142614

DOCUMENT # P00000007045

1. Entity Name

-BRAVO LOPEZ CORPORATION

Principal Place of Business

**1681 NW 27TH AVE
 MIAMI FL 33125**

Mailing Address

**1681 NW 27TH AVE
 MIAMI FL 33125**

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

☒ 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

**BRAVO, CARLOS M
 2520 NW 13 ST APT. 105
 MIAMI FL 33125**

Name

MYRNA LOPEZ

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

2520 NW 13 STREET APT. 105

MIAMI FL. 33125

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

Myrna Lopez

3/26/01

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

(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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **BRAVO, CARLOS M**
 STREET ADDRESS **2520 NW 13 ST. APT 105**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **PRE.** ☐ Change ☐ Addition
 NAME **MYRNA LOPEZ**
 STREET ADDRESS **2520 NW 13 STREET APT. 105**
 CITY-ST-ZIP **MIAMI FL. 33125**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **VICE-PRE.**
 STREET ADDRESS **PEDRO LOPEZ**
 CITY-ST-ZIP **2520 NW 13 STREET APT. 105**
MIAMI FL. 33125

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 empowered.

SIGNATURE:

Myrna Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

(305) 643-6827

Daytime Phone #

CR2E034 (10/00)