

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000019299**1. Entity Name
KAREN B. LOPEZ, P.A.

Principal Place of Business 696 1ST AVE. NORTH, STE. 400 ST. PETERSBURG FL 33701	Mailing Address 696 1ST AVE. NORTH, STE. 400 ST. PETERSBURG FL 33701
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2. Principal Place of Business 150 2ND AVE NORTH Suite, Apt. #, etc. SUITE 1500	3. Mailing Address 150 2ND AVE NORTH Suite, Apt. #, etc. SUITE 1500
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33701	Country

4. FEI Number
59-3645283
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LOPEZ KAREN BESQ.**
696 1ST AVE. NORTH, STE. 400

ST. PETERSBURG FL 33701**7. Name and Address of New Registered Agent**Name
LOPEZ KAREN
Street Address (P.O. Box Number is Not Acceptable)
150 2ND AVE NORTH

SUITE 1500
City
ST. PETERSBURG FL Zip Code
33701

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 **KAREN LOPEZ**

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

(NOTE: Registered Agent signature required when reinstating)

01/04/2001

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOPEZ KAREN B 150 2ND AVE NORTH SUITE 1500 ST PETERSBURG FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Karen Lopez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

01/04/2001

Date

Daytime Phone #

CR2E034 (11/00)