

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90004 044 ***550.00

0034649 AV

DOCUMENT # P00000104098

1. Entity Name
LOPEZ ABREU, CORPORATION

Principal Place of Business Mailing Address
~~2333 BRICKELL AVENUE, MEZZANINE SUITE~~ ~~2333 BRICKELL AVENUE, MEZZANINE SUITE~~
~~MIAMI FL 33129~~ ~~MIAMI FL 33129~~



2. Principal Place of Business - 3. Mailing Address
4316 Summit Blvd. **4316 Summit Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste: 3303 **Ste 3303**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Orlando, FL. **Orlando** **05-1054812** Not Applicable

Zip Country Zip Country 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
~~MALEN, FARRAD~~ Name **Jose Albino de Abreu**
~~2939 BRICKELL AVENUE, MEZZANINE SUITE~~ Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL 33129~~ **4316 Summit Blvd. # 3303**
 City **Orlando** FL Zip Code **32837**

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]* DATE: **Sept. 5/01**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PB LOPEZ, JOSE-MANUEL MONTALVAN 3 ENTRE TERCERA Y SEXTA #61 CARACAS, VENEZUELA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jose Albino de Abreu 4316 Summit Blvd. Ste. 3303 Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **Sept. 5/01**
Jose Albino de Abreu Pres. Dir. **407-855-2533**

CFR2E034 (5/01)