

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90130 022 ***150.00

DOCUMENT # P00000106621

1. Entity Name

LOPQUINT CORP.

Principal Place of Business

13522 SW 179TH STREET
 MIAMI FL 33177

Mailing Address

1771 NW 85TH AVENUE
 PEMBROKE PINES FL 33024

2. Principal Place of Business

1771 NW 85TH Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Zip

33024

Country

U.S.A

Country

4. FEI Number

65-1053806

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, GUSTAVO

1771 NW 85TH AVENUE

PEMBROKE PINES FL 33024

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

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, 2002 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 PVST
 NAME LOPEZ, GUSTAVO
 STREET ADDRESS 13522 SW 179TH STREET
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE PVST
 NAME LOPEZ, GUSTAVO
 STREET ADDRESS 1771 NW 85 AVE.
 CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Change ☐ Addition

TITLE D
 NAME LOPEZ, GUSTAVO
 STREET ADDRESS 13522 SW 179TH STREET
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
 NAME LOPEZ, GUSTAVO
 STREET ADDRESS 1771 NW 85 AVE
 CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Change ☐ Addition

TITLE D
 NAME LOPEZ, MARIA
 STREET ADDRESS 13522 SW 179TH STREET
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
 NAME LOPEZ, MARIA
 STREET ADDRESS 1771 NW 85 AVE
 CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Change ☐ Addition

TITLE D
 NAME LOPEZ, CAROLINA
 STREET ADDRESS 13522 SW 179TH STREET
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
 NAME LOPEZ, CAROLINA
 STREET ADDRESS 1771 NW 85 AVE
 CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Change ☐ Addition

TITLE D
 NAME LOPEZ, PEDRO
 STREET ADDRESS 13522 SW 179TH STREET
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
 NAME LOPEZ, PEDRO
 STREET ADDRESS 1771 NW 85 AVE
 CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Change ☐ Addition

TITLE D
 NAME LOPEZ, CAMILA
 STREET ADDRESS 13522 SW 179TH STREET
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE D
 NAME LOPEZ, CAMILA
 STREET ADDRESS 1771 NW 85 AVE
 CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)