

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90108 009 ***150.00

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1. Entity Name
LOPQUINT CORP.



Principal Place of Business
1771 NW 85TH AVENUE
PEMBROKE PINES FL 33024

Mailing Address
1771 NW 85TH AVENUE
PEMBROKE PINES FL 33024

90020191



2. Principal Place of Business
2200 S. Ocean Dr.
Suite, Apt. #, etc.
#111

3. Mailing Address
2200 S. Ocean Dr.
Suite, Apt. #, etc.
#111

City & State
Hollywood, FL
Zip
33019
Country
U.S.A.

City & State
Hollywood, FL
Zip
33019
Country

4. FEI Number 65-1053806

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LOPEZ, GUSTAVO
1771 NW 85TH AVENUE
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name LOPEZ, GUSTAVO
Street Address (P.O. Box Number is Not Acceptable)
2200 S. Ocean Dr #111
City Hollywood **FL** **Zip Code** 33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gustavo Lopez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LOPEZ, GUSTAVO 1771 NW 85 AVE PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, GUSTAVO 1771 NW 85 AVE PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARIA 1771 NW 85 AVE PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CAROLINA 1771 NW 85 AVE PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, PEDRO 1771 NW 85 AVE PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CAMILA 1771 NW 85 AVE PEMBROKE PINES FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LOPEZ, GUSTAVO 2200 S. Ocean Dr #111 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, GUSTAVO 2200 S. Ocean Dr #111 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARIA 2200 S. Ocean Dr #111 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CAROLINA 2200 S. Ocean Dr #111 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, PEDRO 2200 S. Ocean Dr #111 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CAMILA 2200 S. Ocean Dr #111 Hollywood, FL 33019	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gustavo Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/03 **(786) 487-2377**
Date Daytime Phone #

CR2E034 (10/02)