

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-07-2003 90141 049 ***150.00

DOCUMENT # P01000003581

1. Entity Name
LOPECOR Y COMPANIA LIMITADA CORPORATION



Principal Place of Business
13741 SW 109 STREET
MIAMI FL 33186

Mailing Address
13741 SW 109 STREET
MIAMI FL 33186

2. Principal Place of Business
7291 SW. 8 St.

3. Mailing Address
7291 SW. 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

Zip
33144

Country

Zip
33144

Country

4. FEI Number
65-1068873

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

QUIROZ, LAUREANO
13741 SWS 109 STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Quiroz Laureano**

Street Address (P.O. Box Number is Not Acceptable)
7291 SW. 8 St.

City **MIAMI - FL FL** **Zip Code** **33144**

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

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-25-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **QUIROZ, LAUREANO**
STREET ADDRESS **13741 SW 109 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☐ Delete
NAME **LOPEZ, JOSE R**
STREET ADDRESS **13741 SW 109 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☐ Delete
NAME **LOPEZ, LUZ M**
STREET ADDRESS **13741 SW 109 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☐ Delete
NAME **LOPEZ, FERNANDO**
STREET ADDRESS **13741 SW 109 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Laureano Quiroz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-03

Date Daytime Phone #

CR2E034 (10/02)