

FILED  
Apr 10, 2003 8:00 am  
Secretary of State

04-10-2003 90114 036 \*\*\*150.00

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

DOCUMENT # P01000030960

1. Entity Name  
D' LOPE, INC.



Principal Place of Business  
2501 SOUTH OCEAN DRIVE #736  
HOLLYWOOD, FL 33019

Mailing Address  
2501 SOUTH OCEAN DRIVE #736  
HOLLYWOOD, FL 33019



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
17980 NE 31<sup>ST</sup> CT

3. Mailing Address  
17980 NE 31<sup>ST</sup> CT

Suite, Apt. #, etc.  
# 1130

Suite, Apt. #, etc.  
# 1130

City & State  
AVENTURA, FL

City & State  
AVENTURA, FL

4. FEI Number  
65-1102160

Applied For  
☐ Not Applicable

Zip  
33160

Country  
USA

Zip  
33160

Country  
USA

5. Certificate of Status Desired ☐ \$6.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LOPEZ, DARIO  
2501 SOUTH OCEAN DRIVE #736  
HOLLYWOOD, FL 33019

Name  
LOPEZ, DARIO

Street Address (P.O. Box Number is Not Acceptable)

17980 NE 31<sup>ST</sup> CT # 1130

City  
AVENTURA

FL

Zip Code  
33160

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 title if applicable.

(NOTE: Registered Agent signature required when replacing)

02-18-03

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  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
D LOPEZ, DARIO  
STREET ADDRESS  
2501 SOUTH OCEAN DRIVE #736  
CITY-ST-ZIP  
HOLLYWOOD, FL 33019

☐ Delete

TITLE  
NAME  
D LOPEZ, DARIO  
STREET ADDRESS  
17980 NE 31<sup>ST</sup> CT # 1130  
CITY-ST-ZIP  
AVENTURA, FL 33160

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

Date

Daytime Phone #

CR2E034 (10/02)