2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90375 035 ***150.00

87761

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000042145

1. Entity Name
LAW OFFICES OF SEGARRA AND LOPEZ, P.A.

Principal Place of Business
13899 BISCAYNE BLVD., SUITE 222
N. MIAMI FL 33181

Mailing Address
13899 BISCAYNE BLVD., SUITE 222
N. MIAMI FL 33181

new address

2. Principal Place of Business: 3785 NW 82nd AVE
Suite, Apt. #, etc.: 302
City & State: Miami F
Zip: 33166 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-1110078 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGARRA, PEDRO
13899 BISCAYNE BLVD., SUITE 222
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name: PEDRO E. SEGARRA
Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82nd Ave
Suite 302
City: MIAMI FL Zip Code: 33166

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: _____ 5/10/02
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 NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ELIZABETH 13899 BISCAYNE BLVD., SUITE 222 N. MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOPEZ, ELIZABETH 3785 NW 82nd Ave Suite 302 MIAMI FL 33166 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGARRA, PEDRO E 13899 BISCAYNE BLVD., SUITE 222 N. MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PEDRO E. SEGARRA 3785 NW 82nd Av. Suite 302 MIAMI FL 33166 ☑ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 REQUIRED Elizabeth Lopez 4/11/02 (305) 341-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)