

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91883 001 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077974
1. Entity Name
FRANCISCO M. LOPEZ-ROMO, P.A.

Principal Place of Business
135 WEST CENTRAL BOULEVARD
SUITE 480
ORLANDO, FL 32801
Mailing Address
135 WEST CENTRAL BOULEVARD
SUITE 480
ORLANDO, FL 32801

2. Principal Place of Business
13611 Deering Bay Dr.
Suite, Apt. #, etc.
#201
3. Mailing Address
13611 Deering Bay Dr.
Suite, Apt. #, etc.
#201

City & State
Coral Gables FL
Zip
33158-2840
Country
City & State
Coral Gables FL
Zip
33158-2840
Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
LOPEZ-ROMO, FRANCISCO M
136 WEST CENTRAL BOULEVARD
SUITE 480
ORLANDO, FL 32801

4. FEI Number
59-3741151
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Francisco M. Lopez-Romo
Street Address (P.O. Box Number is Not Acceptable)
13611 Deering Bay Dr #201
City
Coral Gables FL Zip Code
33158-2840

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, the stated agent.
SIGNATURE: [Signature] Francisco M. Lopez-Romo
DATE: April 30, 2003

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 STREET ADDRESS CITY-ST-ZIP | DPST LOPEZ-ROMO, FRANCISCO M 136 W CENTRAL BLVD SUITE 480 ORLANDO, FL 32801 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST Francisco M. Lopez-Romo 13611 Deering Bay Dr #201 Coral Gables FL 33158-2840 |
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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 807, 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] Francisco M. Lopez-Romo
Date: 305-772-5577

CH23034 (10/02)

