## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 28, 2002 8:00 am Secretary of State **DOCUMENT #** P01000083125 04-29-2002 90036 016 \*\*\*158.75 1. Entity Name LOPEZ & TAFUR, INC. Principal Place of Business Mailing Address 30531 10625 HAMMOCKS BLVD., SUITE 535 10825 HAMMOCKS BLVD., SUITE 535 MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address <u>7787 SW 172</u> **₹8√ s** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ġ 210 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 7 5. Certificate of Status Desired 3319 DODE **DODE** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAFUR, ANA L Street Address (P.O. Box Number is Not Acceptable) 10625 HAMMOCKS BLVD., SUITE 535 MIAMI FL 33198 City Zip Code 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 ( Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This confirmation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change TAFUR, ANA L 96 NAME NAME 10625 HAMMOCKS BLVD., SUITE 535 SW ITZ AVE C7210 STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP MIAM! FL 33198 CITY-ST-ZIP TITLE ☐ Delete TITLE LOPEZ, JULIAN NAME NAME STREET ADDRESS 10625 HAMMOCKS BLVD., SUITE 535 152 Ave (3210 STREET ADDRESS CITY-ST-ZIP MIAM! FL 33196 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-76 IIILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the filling 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 the 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

04-10-03

FILED