

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90100 005 ***155.00

DOCUMENT # P02000041247

1. Entity Name
DALA LOPEZ SERVICES, INC.



Principal Place of Business
926 - 79 TERR #6
MIAMI BEACH FL 33141

Mailing Address
926 - 79 TERR #6
MIAMI BEACH FL 33141



2. Principal Place of Business
1914 MADISON ST.

3. Mailing Address
1914 MADISON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. #1

APT. #1

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FLORIDA

City & State
HOLLYWOOD FLORIDA

4. FEI Number
04-3648486

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, DANIEL B
926 - 79 TERR #6
MIAMI BEACH FL 33141

Name

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

City

FL

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. 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 reinstating)

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
STREET ADDRESS
CITY-ST-ZIP
DP
LOPEZ, DANIEL B
926 - 79 TERR #6
MIAMI BEACH FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOPEZ, DANIEL B.
1914 MADISON ST #1
HOLLYWOOD FLORIDA 33020

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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:

Daniel B. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. LOPEZ 04-26-2003 786 262 9675

Date

Daytime Phone #

CR2E034 (10/02)