

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0038009  
AV

DOCUMENT # P02000088000

1. Entity Name  
LOPECANO, CORP.



FILED

04 MAY 27 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
780 NW 42 AVENUE  
SUITE 420  
MIAMI FL 33126

Mailing Address  
780 NW 42 AVENUE  
SUITE 420  
MIAMI FL 33126

2. Principal Place of Business

1895 W FLAGLER ST  
Suite, Apt. #, etc.  
265

3. Mailing Address

1895 W FLAGLER ST  
Suite, Apt. #, etc.  
265

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135

Country

DADE

Zip

FL

Country

33135

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A MS.  
780 NW 42 AVENUE  
SUITE 420  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name  
FERDINANDO LOIACONO

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

1895 WEST FLAGLER ST. # 265

City

MIAMI

FL

Zip Code

33135

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]* 05/24/03

Ferdinando Loiacono

08/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOPEZ, GUILLERMO A  
780 NW 42 AVENUE #420  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOIACONO, FERDINANDO  
780 NW 42 AVENUE #420  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOCK, BIRGIT  
780 NW 42 AVENUE #420  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUIS, CARMEN L  
780 NW 42 AVENUE #420  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000024171110  
06/09/04--01065--002 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000024171110  
06/09/04--01065--003 \*\*200.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000024171110  
10/27/03--01084--012 \*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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 officers or directors.

SIGNATURE:

*[Signature]* 08-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)