

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 050 ***150.00

DOCUMENT # **P96000101251**

1. Entity Name
C. J. LoPARO O.D. & ASSOC. PA
(S corp)



DO NOT WRITE IN THIS SPACE

90099701

2. Principal Place of Business

2317 FAWN DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc. **11**

City & State

LOXAHATCHEE, FL

City & State

FL

4. FEI Number

650714682

Applied For

Not Applicable

Zip **33470**

Country

USA

Zip

33470

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

C. J. LoPARO ON

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

2317 FAWN DR.

City

LOXAHATCHEE

FL

Zip Code

33470

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 **C. J. LoPARO ON**

4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES:
NAME	GLORIA G. LOPARO
STREET ADDRESS	2317 FAWN DR
CITY-ST-ZIP	LOX, FL 33470
TITLE	C. J. LoPARO, Sec - TREAS.
NAME	2317 FAWN DR
STREET ADDRESS	LOX, FL 33470
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **C. J. LoPARO O.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

561 615 3009

Daytime Phone #

CR2E034B (12/02)