

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90066 043 ***150.00

DOCUMENT # P97000010363

1. Entity Name
JORGE A. LOPEZ, P.A.



DO NOT WRITE IN THIS SPACE

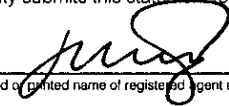
Principal Place of Business 0100 SW 70 ST MIAMI FL 33143 US	Mailing Address 0100 SW 70 ST MIAMI FL 33148 US
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2. Principal Place of Business 901 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 601 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 901 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 601 City & State CORAL GABLES, FL Zip 33134 Country USA
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4. FEI Number 65-0730515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, JORGE A ESQ 0100 SW 70 ST SUITE 219 MIAMI FL 33122	7. Name and Address of New Registered Agent Name JORGE A. Lopez, Esq. Street Address (P.O. Box Number is Not Acceptable) 901 Ponce de Leon Blvd. Suite 601 City CORAL GABLES, FL Zip Code 33134
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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.

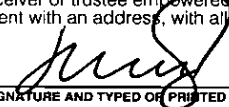
SIGNATURE  Jorge A. Lopez DATE April 3, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOPEZ, JORGE A 0100 SW 70 ST MIAMI FL 33148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Lopez, Jorge A. 901 Ponce de Leon Blvd., #601 CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Jorge A. Lopez, President Date 4/3/01 Daytime Phone # 305-445-9429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)