

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # 191000069649  
1. Entity Name

Lopez Transport Co.

00 FEB 28 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1810 W. Henry Avenue  
Tampa, Fla. 33603 "Same"

2. Principal Place of Business 3. Mailing Address  
1810 W. Henry Ave. Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
N/A Same

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
Tampa, Fla. Same 59-3466693 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
33603 USA Same Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Juan Lopez  
1810 W. Henry Ave.  
Tampa, Fla. 33603

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.

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
President	Juan Lopez		
1810 W. Henry Ave.			
Tampa, Fla. 33603			
Vice-President	Luis Lopez		
7011 Oregon St.			
Tampa, Fla. 33604			

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: Juan Lopez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 813/248-4921  
Date Daytime Phone #

CR2E034 (9/99)