## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000093961 DOCUMENT #

1. Entity Name

GEORGE LOPEZ PROMOTIONS, INC.



## FILED Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90111 019 \*\*\*150.00

Principal Place of Business 2401 OLEANDER DRIVE MIRAMAR FL 33023				Mailing Address 2401 OLEANDER DRIVE MIRAMAR FL 33023							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	4. FEI Number 65-0957108 Applied For Not Applicable			
Zip		Country		Zip Country			5.	5. Certificate of Status Desired \$8.75-Additional Fee Required			
6. Name and Address of Current Registered Agent							7.	Name and Address of New Registere	d Agent		
						Name					
RICARDO, F	raul CPA			Stroot Address			nn (P.O.	(P.O. Box Number is Not Acceptable)			
1840 W 49 ST., SUITE 100				Street Address			SS (P.U.	Box Number is Not Acceptable)			
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						City		F	Zìp Cod	le	
8. The above r	named entity ons of regist	v submits this st ered agent.	tatement for the p	ourpose of changing its	registere	d office or regis	stered a	gent, or both, in the State of Florida. I a	n familiar with,	and accept	
SIGNATURE	Signature, typed	Loyge or printed reme of re	gistered again and title	i applicable. (NOTE	E: Registered	Agent signature requ	uired when	3 - 10 - 0 reinstating) DATE	3		
Fil	C NOW!!	1 CCC 10 641									
		! FEE IS \$1! 3 Fee will be						9. Election Campaign Financing	\$5.0	0 May Be	
				e				Trust Fund Contribution.	Added	to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11								DOITION IS COMMISSION OF THE PROPERTY OF THE P	10 D.D.C.C.+.		
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12 hereby certify that the information supplied with this filling does not qualify for						ST-ZIP			<u> </u>		
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Increase certain that the information supplied with this filling 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:** 

3-16-03