

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 030 ***150.00

DOCUMENT # P99000097724

1. Entity Name

ELIZABETH LOPEZ, ESQ., P.A.

Principal Place of Business

Mailing Address

1051 W. 29TH STREET, SUITE 1A
HIALEAH FL 33012

1051 W. 29TH STREET, SUITE 1A
HIALEAH FL 33012-5057

2. Principal Place of Business

3. Mailing Address

15327 NW 60th Avenue

15327 NW 60th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 245

Suite 245

City & State

City & State

Miami Lakes, FL

Miami Lakes, FL

Zip

Country

Zip

Country

33014

USA

33014

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMAR, ELIZABETH
1051 W. 29TH STREET, SUITE 1A
HIALEAH FL 33012

Name

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

15327 NW 60th Avenue, Suite 245

City

FL

Zip Code

Miami Lakes

33014

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

Signature of officer or director of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]
ELIZABETH LAMAR

4/14/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, ELIZABETH	
STREET ADDRESS	27010 SW 120 AVENUE RD.	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
ELIZABETH LAMAR

4/14/00 (786) 639-0007

CR2E034 (9/99)