

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73308

1. Entity Name

LOPEZ CONSTRUCTION, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90071 005 \*\*\*150.00

Principal Place of Business

Mailing Address

30343 SW 155TH PLACE  
LEISURE CITY FL 33033

19696 SW 336 ST  
Homestead  
FL 33034

30343 SW 155TH PLACE  
LEISURE CITY FL 33033-3513

19696 SW 336 ST  
Homestead  
FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State.

Zip

Country

Zip

Country

4. FEI Number

65-0367856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, JESUS

30343 SW 155TH PLACE  
LEISURE CITY FL 33033

19696 SW 336 ST  
Homestead  
FL 33034

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LOPEZ, JESUS  
30343 SW 155 PLACE  
LEISURE CITY FL  
19696 SW 336 ST  
Homestead  
FL 33034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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LOPEZ, ODELMER  
30343 SW 155 PLACE  
LEISURE CITY FL  
19696 SW 336 ST  
Homestead  
FL 33034

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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 305/246-5128