2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P94000021640

Mailing Address

1 LEZĂ DRIVE

1. Entity Name LEZA AIRCAM CORP.

Principal Place of Business

1 LEZA DRIVE



FILED Jan 21, 2003 8:00 am Secretary of State
01-21-2003 90048 036 ***150.00

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SEBRING FL 33870 US				SEBRING FL 33870 US					4 1881 NOV 1818 (BILL & BILL BILL BILL)	AGUI BRIST	H&B) HB(# 81(H	A(B)) AB)) 1882	
2. Principal Place of Business				3. Mailing Address					1 18831881 210 10161 61811 08111 00111	02 111 80 110		4 781 68 788	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-0481114				pplied For ot Applicable	
Zip	Country			Zip		Country		5. C	Certificate of Status Desired		\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
									-				
LEZA, ANTONIO						Object Address (DO Banklanders in Nat Appendix)							
1 LEZA DE	RIVE			Street Address (P.			P.O. Box Number is Not Acceptable)						
SEBRING FL 33870									*** - 				
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						City				FL	Zip Cod	ie	
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. I am familiar with,												and accept	
the obligations of registered agent.													
SIGNATURE Signature Nord or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE													
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable (NOTE	: Registered	d Agent signatu	re required v	when rei	instating)	DATE			
	I E NOWI	. EEE 16 6150.00						Т					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									Election Campaign Final			00 May Be	
Make Check Payable to Florida Department of State									Trust Fund Contribution.		_	d to Fees	
10. : OFFICERS AND DIRECTORS								ADI	DITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR	S IN 11	
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NAME	LEZA, MARIA ELENA					.			,				
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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:



Daytime Phone #