

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90042 040 ***150.00

DOCUMENT # 462731

1. Entity Name

AZTEC WOODCRAFT

Principal Place of Business

**590 EAST 25TH STREET, SUITE 601
HIALEAH FL 33013**

Mailing Address

**590 EAST 25TH STREET, SUITE 601
HIALEAH FL 33013**

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 **59-1556947**

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

**YATES, KATHLEEN ROBERTSON
590 E 25 ST #601
HIALEAH FL 33013**

Name

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

City



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 re-stating)

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, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	YATES, BASIL M.	590 E. 25TH ST. #601	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	FERNANDEZ, MANUEL C.	590 E. 25TH ST. #500	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FERNANDEZ, MANUEL C.	590 E. 25TH ST. #500	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

BASIL M. YATES

4/18/01

Date

(305) 836-1940

Daytime Phone #

CR2E034 (10/00)