

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90211 004 ***150.00

DOCUMENT # G00696

1. Entity Name
LAZZAR, INC.



Principal Place of Business
% NELSON D. LAZZARA
1702 EAST 5TH AVE.
TAMPA FL 33605

Mailing Address
% NELSON D. LAZZARA
1702 EAST 5TH AVE.
TAMPA FL 33605



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
LAZZAR, Inc.
Suite, Apt. #, etc.
1702 E. 5th Avenue
City & State
Tampa FL
Zip
33605

3. Mailing Address
SAME
Suite, Apt. #, etc.

4. FEI Number **59-2266232**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, JOSEPH
1702 EAST 5TH AVE.
TAMPA FL 33605

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARCIA, CARLOS 3211 CORDELIA STREET TAMPA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSEPH 4211 W ZELAR STREET TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, JOSEPH 4211 W ZELAR STREET TAMPA FL 33629	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 **(P13) 248-4142**
Date Daytime Phone #

CR2E034 (10/02)