

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23661

1. Entity Name
AZTEC GENERAL CORP.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90288 009 ***150.00

Principal Place of Business

Mailing Address

~~105 PALM AVENUE~~
~~MIAMI BEACH FL 33139~~
~~US~~

~~105 PALM AVENUE~~
~~MIAMI BEACH FL 33139~~
~~US~~

2. Principal Place of Business

Mailing Address

1111 Biscayne Blvd
Suite, Apt. #, etc.
Apt 1257

1111 Biscayne Blvd
Suite, Apt. #, etc.
Apt 1257

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33161

Country
USA

Zip
33161

Country
USA

6. Name and Address of Current Registered Agent

DIX, GARY
1001 BRICKELL BAY DR
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WEINSBURG, JAY N
135 PALM AVENUE
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WEINBERG, BERTIE
11111 BISCAYNE BLVD.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WEINBERG JAY N. ☒ Change ☐ Addition
11111 Biscayne Blvd
MIAMI, FL 33161 Apt 1257

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

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

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

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

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

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

3/27/01

Date

305 891 6480

Daytime Phone #

0801614

CR2E034 (10/00)