# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L27894

**1. Entity Name**

LANCER INTERNATIONAL CORPORATION

**956213**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1766 N.W. 82 AVE<br>MIAMI FL 33126<br>US | 1766 N.W. 82 AVE<br>MIAMI FL 33126<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | P. O BOX 522222 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State  MIAMI FL |
| Zip | Country | Zip 33152 | Country USA |

**4. FEI Number** 65-0155787    ☐ 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 |
|---|---|
| DELGADO, MIGUEL A.<br>15390 S.W. 57TH STREET<br>MIAMI FL 33193 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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, 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 **PT**<br>NAME **DELGADO, MIGUEL A.**<br>STREET ADDRESS **15390 S.W. 57TH STREET**<br>CITY-ST-ZIP **MIAMI FL** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **VS**<br>NAME **DELGADO, ILIANA**<br>STREET ADDRESS **15390 SW 57THE STREET**<br>CITY-ST-ZIP **MIAMI FL** | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Addition |
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CR2E034 (10/00)

**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: _____ Miguel Delgado    1/9/01    (305) 915-9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #