

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90070 019 ***150.00

DOCUMENT # P00000062918

1. Entity Name
LIZASOAIN, GUZMAN & ASSOCIATES, INC.

Principal Place of Business

**6822 S.W. 34TH COURT
 MIRAMAR FL 33023**

Mailing Address

**6822 S.W. 34TH COURT
 MIRAMAR FL 33023**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1023446

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUZMAN, LILY
 6822 S.W. 34TH COURT
 MIRAMAR FL 33023**

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

Lily Guzman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jul 28-02

**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, 2002 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 PS
NAME LIZASOAIN, GUILLERMO
STREET ADDRESS 6822 S.W. 34TH COURT
CITY-ST-ZIP MIRAMAR FL 33023



TITLE VT
NAME GUZMAN, LILY
STREET ADDRESS 6822 S.W. 34TH COURT
CITY-ST-ZIP MIRAMAR FL 33023



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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:

Lily Guzman

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

Jul 28-02 954-987-5969

CR2E034 (9/01)