

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042185

1. Entity Name
LEZAH ENTERPRISES, INC.

FILED

02 SEP -9 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9800 S.W. 13TH AVE.
PEMBROKE PINES FL 33025

Mailing Address
9800 S.W. 13TH AVE.
PEMBROKE PINES FL 33025

2. Principal Place of Business
9800 SW 13TH COURT
Suite, Apt. #, etc.

3. Mailing Address
9800 SW 13TH COURT
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent
SCOTT, HAZEL L
9800 S.W. 13TH AVE.
PEMBROKE PINES FL 33025

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 HAZEL L SCOTT DATE 8/18/02

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when rehashing)

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 \$500.00
After September 18, 2002 FEE will be \$750.00
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	<input type="checkbox"/> Delete	
D SCOTT, HAZEL L 9800 S.W. 13TH AVE. PEMBROKE PINES FL 33025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
D SIMON, RUBY 9800 S.W. 13TH AVE. PEMBROKE PINES FL 33025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
D BENSON, NATHANIEL 9800 S.W. 13TH AVE. PEMBROKE PINES FL 33025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
300007730789-1 -09/13/02-01039-007 *****150.00 *****150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: HAZEL L SCOTT DATE 8/18/02 (954) 430-4478

Name of Signing Officer or Director

CR2E034 (4/02)