

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90543 027 ***150.00

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DOCUMENT # P01000078384
 1. Entity Name
AZTEC IMPORTS INC.

Principal Place of Business Mailing Address
3207 FOX SQUIRREL DR. **3207 FOX SQUIRREL DR.**
KISSIMEE FL 34741 **KISSIMEE FL 34741**

2. Principal Place of Business 3. Mailing Address
11990 Beach Blvd **11990 Beach Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
317 **# 317**

City & State City & State
Jacksonville, FL **Jacksonville, FL**
 Zip Country Zip Country
32246 **USA** **32246** **USA**

4. FEI Number Applied For
370669292 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PALLARES, LUIS 3207 FOX SQUIRREL DR. KISSIMEE FL 34741	Name	Apryl Gwiazdon	
	Street Address (P.O. Box Number is Not Acceptable)	11990 Beach Blvd	
		# 317	
	City	Jacksonville	FL Zip Code 32246

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 *Apryl Gwiazdon* DATE **4/15/02**

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALIGUIRE, GERARD ONE MARRIOTT DR. 39.826.42 MEXAP WASHINGTON DC 20058	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gwiazdon, Apryl 1199 Beach Blvd #317 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANCONA, ARMANDO B 3207 FOX SQUIRREL DR. KISSIMEE FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALLARES, LUIS 3207 FOX SQUIRREL DR. KISSIMEE FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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: *Apryl Gwiazdon* Date **4 15 02** (407) 301 6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)