

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90048 026 \*\*\*150.00

**DOCUMENT # P01000081138**

1. Entity Name  
**LAZARO TRUCK LINES CORP.**



Principal Place of Business  
**3815 SE 15TH PL., #4  
CAPE CORAL FL 33904**

Mailing Address  
**3815 SE 15TH PL., #4  
CAPE CORAL FL 33904**



2. Principal Place of Business

**20891 SW 242<sup>nd</sup> ST**

3. Mailing Address

**20891 SW 242<sup>nd</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Homestead, FL**

City & State

**Homestead, FL**

4. FEI Number **65-1130827**

Applied For

Not Applicable

Zip

Country

**33031**

**Dade**

Zip

Country

**33031**

**Dade**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GAZO, LAZARO  
3815 SE 15TH PL., #4  
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Gazo, Lazaro**  
Street Address (P.O. Box Number is Not Acceptable)

**20891 SW 242<sup>nd</sup> ST**

City **Homestead**

FL

Zip Code

**33031**

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

**1/22/02**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GAZO, LAZARO**  
STREET ADDRESS **3815 SE 15TH PL., #4**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lazaro Gazo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02**  
Date

Daytime Phone #

CR2E034 (10/02)