

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

P 01000122 444.
AZTECA BROTHER'S Corp.

DO NOT WRITE IN THIS SPACE

427814

2. Principal Place of Business

20124 SW 118th CT

Suite, Apt. #, etc.

3. Mailing Address

20124 SW 118th CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

Zip
33177

Country

City & State

Miami FL

Zip
33177

Country

4. FEI Number

08-0562441

Applied For:

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BERNABE DIAZ

Street Address (P.O. Box Number is Not Acceptable)

20124 SW 118th CT

City

Miami

FL

Zip Code

33177

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

Bernabe Diaz

Signed, typed or printed name of registered agent and also if applicable.

(NOTE: Registered Agent signature required when necessary.)

DATE

1/22/02

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

*BERNABE DIAZ
20124 SW 118th CT
Miami FL 33177*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*JOSHUA DIAZ
20124 SW 118th CT
Miami FL 33177*

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Bernabe Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 on an attachment with an address, with all other like empowered.

1/22/02 (305)256-1821

CLERK

Signature Required

CR2E034B (12/01)