

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90144 028 ***150.00

0295747 AV

DOCUMENT # P02000068216

1. Entity Name
LEXAN GROUP INC.



Principal Place of Business
10117 SW 5 ST
MIAMI FL 33174

Mailing Address
10117 SW 5 ST
MIAMI FL 33174

2. Principal Place of Business
826 TULIP CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 266223
Suite, Apt. #, etc.

City & State
WESTON FL
Zip
33327
Country
USA

City & State
WESTON FL
Zip
33326
Country
USA

4. FEI Number
27-0017765

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

GARCIA, ANNETTE
10117 SW 5 ST
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name
TERESITA DIAZ
Street Address (P.O. Box Number is Not Acceptable)
826 TULIP CIRCLE
City **WESTON** **FL** **Zip Code** **33327**

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 *TERESITA DIAZ* **1-17-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME GARCIA, ANNETE	
STREET ADDRESS 10117 SW 5 ST	
CITY-ST-ZIP MIAMI FL 33174	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRESIDENT/ DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERESITA DIAZ	
STREET ADDRESS 826 TULIP CIRCLE	
CITY-ST-ZIP WESTON FL 33327	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *TERESITA DIAZ* **1-17-03** **954 888 9753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)