


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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90369 021 \*\*\*158.75

DOCUMENT # <i>P02000077405</i>	
1. Entity Name <i>AZee Corporation</i>	

00011000

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>311 WASHINGTON AVENUE</i> Suite, Apt. #, etc.	3. Mailing Address <i>311 WASHINGTON AVENUE</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>LAKE MARY FL</i>	City & State <i>LAKE MARY FL</i>	4. FEI Number <i>22-3858968</i>	Applied For Not Applicable
Zip <i>32746</i>	Country <i>USA</i>	Zip <i>32746</i>	Country <i>USA</i>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <i>KATHLEEN M PEREZ</i>
Street Address (P.O. Box Number is Not Acceptable) <i>311 WASHINGTON AVENUE</i>
City <i>LAKE MARY</i>
State <i>FL</i>
Zip Code <i>32746</i>

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP <i>P/D ALEJANDRO A. PEREZ 311 WASHINGTON AVENUE LAKE MARY FL 32746</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>S/D KATHLEEN M. PEREZ 311 WASHINGTON AVENUE LAKE MARY FL 32746</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen M Perez (KATHLEEN M PEREZ)* 1-29-2003 (321-303-5735)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)