

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001898

1. Entity Name

AZTEC CAPITAL CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90086 026 ***150.00

Principal Place of Business

5601 NW 15 AVENUE
FT LAUDERDALE FL 33309
US

Mailing Address

5601 NW 15 AVENUE
FT LAUDERDALE FL 33309-2702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0476973**

Applied For

Not

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, WILLIAM J
777 BRICKELL AVE
SUITE 1114
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Rafael Zur

01.05.00

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, 2000 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

TITLE	V	<input type="checkbox"/> Delete
NAME	ZUR, RAFAEL	
STREET ADDRESS	5601 NW 15 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ESPERANZA VALERA, MARIA	
STREET ADDRESS	5601 NW 15 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VALERA, OSCAR JR	
STREET ADDRESS	5601 NW 15 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZUR, MONICA	
STREET ADDRESS	5601 NW 15 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rafael Zur *Rafael Zur*

01.05.00 *954-357-2000*