

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 OCT -9 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000001898

1. Entity Name
AZTEC CAPITAL CORPORATION



Principal Place of Business
5601 NW 15 AVENUE
FT LAUDERDALE FL 33309
US

Mailing Address
5601 NW 15 AVENUE
FT LAUDERDALE FL 33309
US

2. Principal Place of Business
1525 NW 56 st
Suite, Apt. #, etc.

3. Mailing Address
1525 NW 56 st
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL
Zip
33309
Country
USA

City & State
FORT LAUDERDALE FL
Zip
33309
Country
USA

4. FEI Number 65-0476973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME ZUR, RAFAEL
STREET ADDRESS 5601 NW 15 AVENUE- 1525 NW 56 st
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE P
NAME ZUR, MONICA
STREET ADDRESS 5601 NW 15 AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE VP
NAME ROGOW, IZHAK S
STREET ADDRESS 5601 NW 15 AVE- 1525 NW 56 st
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VP
NAME LYNDIA STRUCK
STREET ADDRESS 1525 NW 56 st
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

92603 95424386
Date Daytime Phone #

CR2E034 (4/03)