

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000017305** ✓

1. Entity Name
L AZTEC PA

FILED

01 JUN 25 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address (Same)
609 GALLERY DR #7 WINTER PARK FL 32792 WP FLA 32792

2. Principal Place of Business 3. Mailing Address
609 GALLERY DR #7 609 GALLERY DR #7

City & State Zip Country City & State Zip Country
WINTER PARK FL 32792 ORANGE WINTER PARK FL 32792 ORANGE

4. FEI Number Applied For
59-3373739 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LYDIA WHEELER
609 GALLERY DR #7
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent
Name **LYDIA WHEELER**
Street Address (P.O. Box Number is Not Acceptable)
609 GALLERY DR #7
City **WINTER PARK FL** Zip Code **32792**

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 *Lydia Wheeler*

DATE **3/19/2001**

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

FILE NOW!!! FEE (\$150.00)
After MAY 1, 2001 - 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 PRESIDENT	<input type="checkbox"/> Delete
NAME LYDIA WHEELER	
STREET ADDRESS 609 GALLERY DR #7	
CITY-ST-ZIP WINTER PARK FL 32792	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004462079--8
STREET ADDRESS	-07/06/01--01041--027
CITY-ST-ZIP	*****300.00 *****300.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004462079--8
STREET ADDRESS	-07/06/01--01041--026
CITY-ST-ZIP	*****8.75 *****8.75
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	

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: *Lydia Wheeler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/19/2001** DAYTIME PHONE # **407-306-8787**

CR2E034 (11/00)