

5/1

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91512 015 \*\*\*150.00

DOCUMENT # P96000025172

1. Entity Name

New Horizon A.C.L.F., Inc.

DO NOT WRITE IN THIS SPACE

87420

2. Principal Place of Business

1315 SE 9 Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City &amp; State

Hialeah, FL

City &amp; State

Same

Zip

33010

Country

Miami-Dade

Zip

Country

4. FEI Number

65-0657427

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Francisco A. Lazo

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

1315 SE 9th Ave

City

Hialeah

FL

Zip Code

33010

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)

04/20/02

DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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          | PS                | TITLE          |  |
| NAME           | Francisco A. Lazo | NAME           |  |
| STREET ADDRESS | 1315 S.E. 9th Ave | STREET ADDRESS |  |
| CITY-ST-ZIP    | Hialeah, FL 33010 | CITY-ST-ZIP    |  |
| TITLE          |                   | TITLE          |  |
| NAME           |                   | NAME           |  |
| STREET ADDRESS |                   | STREET ADDRESS |  |
| CITY-ST-ZIP    |                   | CITY-ST-ZIP    |  |
| TITLE          |                   | TITLE          |  |
| NAME           |                   | NAME           |  |
| STREET ADDRESS |                   | STREET ADDRESS |  |
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| NAME           |                   | NAME           |  |
| STREET ADDRESS |                   | STREET ADDRESS |  |
| CITY-ST-ZIP    |                   | CITY-ST-ZIP    |  |

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

Date

(305) 888-5135

Daytime Phone #

CR2E034B (12/01)