

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90145 044 ***150.00

DOCUMENT # **P96000025172**

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

80098507

2. Principal Place of Business

1315 SE 9 Ave

Suite, Apt. #, etc.

3. Mailing Address

1315 SE 9 Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Florida.

City & State

Hialeah, Florida.

4. FEI Number

65-0657427

Applied For

Not Applicable

Zip

33010

Country

U.S.A.

Zip

33010

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Olga Lazo

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

13970 SW 20 St

City

Miami, FL. 33175.

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

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**

OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Olga Lazo
13970 SW 20 St
Miami, FL. 33175**

TITLE
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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

Date

Signature Printed Name