

2900 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

02-05-2000 90016 018 ***150.00

DOCUMENT # P99000001727

1. Entity Name
LAZM DELIVERIES, INC.

Principal Place of Business 2740 WEST 63RD PLACE BUILDING #25 APT 101 HIALEAH FL 33016	Mailing Address 2740 WEST 63RD PLACE BUILDING #25 APT 101 HIALEAH FL 33016-4311
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0886777** Applied For Not Applied For

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

GONZALEZ, LAZARO
2740 WEST 63RD PLACE
BUILDING #25 APT 101
HIALEAH FL 33016

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, LAZARO 2740 WEST 63RD PLACE HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. **LAZARO GONZALEZ**

SIGNATURE:  **PRESIDENT** Date: **01/20/00** (307) 820-0382