

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013726

1. Entity Name  
AZTEC ABATEMENT, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90013 004 \*\*\*550.00

Principal Place of Business

408 S.E. 5TH STREET  
DANIA FL 33004

Mailing Address

408 S.E. 5TH STREET  
DANIA FL 33004

2. Principal Place of Business

802 NE 20th AVE  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

4. FEI Number

65-0898063

Applied For

Not Applicable

Zip

33304

Country

U.S.A

Zip

Country

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

EZROL, KERRY L  
3099 EAST COMMERCIAL BLVD.  
SUITE 200  
FT LAUDERDALE FL 33308

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

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☒ Delete  
NAME **MEENDES, EDWARD M**  
STREET ADDRESS **3099 EAST COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **KEVIN DEAN GEYER**  
STREET ADDRESS **802 NE 20 AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/00 (954) 766.9922  
Date Daytime Phone #

CR2E034 (5/00)