

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0098146 AV

DOCUMENT # P99000089933

1. Entity Name
C & G LOZANO, INC.



FILED

03 JUL -8 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FL



Principal Place of Business
3000 N. GOLDENROD ROAD
WINTER PARK FL 32792-8708

Mailing Address
3000 N. GOLDENROD ROAD
WINTER PARK FL 32792-8708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3630999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOZANO, DIEGO J
502 LAKEPARK TRAIL
OVIEDO FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOZANO, DIEGO J
502 LAKEPARK TRAIL
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900021410849
07/09/03--01027--016 **150.00 ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIEGO LOZANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(407) 592-1317

Daytime Phone #

CR2E034 (10/02)

Attachment

999000089933

C&G LOZANO, INC.

Twistee Treat

**3000 N Goldenrod Road
Winter Park, Florida 32789
(407) 671 8809**

July 3, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

I am sorry I forgot to pay my Uniform Business Report fee on time. My wife had to return to her family home in Colombia to take care of a very ill family member and was gone for three months. I was so busy taking care of the children and my store that this fee was overlooked.

I am enclosing payment of \$150.00 with this letter. Please forgive the penalty since I can not pay such a large amount. I have always paid everything on time before and I will make sure this does not happen again.

Thank you for your consideration.

Sincerely,


Diego Lozano