

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000105792**

1. Entity Name

LOZANO ARAGON ENTERPRISES, INC.

✓ 07-12-2000 90004 037 \*\*\*150.00

FILED

00 JUL 12 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

11833 WILD FLOWER PLACE  
TEMPLE TERRACE, FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4331751

Applied For

Not Applicable

Zip

Country

HILLSBOROUGH

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

LEXIS DOCUMENT SERVICES  
3953 WN KELLEY ROAD  
TALLAHASSEE, FLORIDA 32311

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 fee if applicable

(NOTE: Registered Agent signature required when remaining)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$350.00**  
**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: PRESIDENT / DIRECTOR ☐ Delete  
NAME: OSCAR LOZANO  
STREET ADDRESS: 11833 WILD FLOWER PLACE  
CITY - ST - ZIP: TEMPLE TERRACE, FLORIDA 33617

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

TITLE: VICE PRESIDENT / DIRECTOR ☐ Delete  
NAME: MARY STELLA LOZANO  
STREET ADDRESS: 11833 WILD FLOWER PLACE  
CITY - ST - ZIP: TEMPLE TERRACE, FL 33617

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

TITLE: SECRETARY / DIRECTOR ☐ Delete  
NAME: MARITZA ARAGON DE FERNANDEZ  
STREET ADDRESS: 11833 WILD FLOWER PLACE  
CITY - ST - ZIP: TEMPLE TERRACE, FLORIDA 33617

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

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

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

SIGN

OSCAR LOZANO, PRESIDENT

DIRECTOR

JUNE 2, 2000

Date

Daytime Phone #

CR2E034 (9/99)

7/18