

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90101 029 ***550.00

DOCUMENT # P99000105792

1. Entity Name
LOZANO ARAGON ENTERPRISES, INC.

Principal Place of Business
11833 WILDEFLOWER PLACE
TEMPLE TERRACE FL 33617

Mailing Address
11833 WILDEFLOWER PLACE
TEMPLE TERRACE FL 33617



DO NOT WRITE IN THIS SPACE

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

Zip

Country

33617-2717

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 W. KELLEY RD.
TALLAHASSEE FL 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. 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

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, 2002 Fee 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 **P/D** ☐ Delete
NAME **LOZANO, OSCAR**
STREET ADDRESS **11833 WILD FLOWER PLACE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Change ☒ Addition
NAME **11833 WILDEFLOWER PLACE**
STREET ADDRESS **TEMPLE TERRACE, FL 33617-2717**
CITY-ST-ZIP

TITLE **VP/D** ☐ Delete
NAME **LOZANO, MARY STELLA**
STREET ADDRESS **11833 WILD FLOWER PLACE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Change ☒ Addition
NAME **11833 WILDEFLOWER PLACE**
STREET ADDRESS **TEMPLE TERRACE, FL 33617-2717**
CITY-ST-ZIP

TITLE **S/D** ☐ Delete
NAME **ARAGON DE FERNANDEZ, MARITZA**
STREET ADDRESS **11833 WILD FLOWER PLACE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Change ☐ Addition
NAME **ARAGON MORA MARITZA S.**
STREET ADDRESS **11833 WILDEFLOWER PLACE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617-2717**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
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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 Required

CR2E034 (4/02)