

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49393

1. Entity Name

LOZANO ENTERPRISES CORP.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90009 021 ***150.00

Principal Place of Business

Mailing Address

542 SW 2 AVE
MIAMI FL 33130
US

542 SW 12 AVENUE
APT. 3
MIAMI FL 33130-2414
US

2. Principal Place of Business

2040 NW. 22 AVE.

Suite, Apt. #, etc.

3. Mailing Address

2040 NW 22 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0362206

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33142

Country

DADE

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

LOZANO, LUIS EDUARDO
900 SW 37TH AVE.
APT. 3
CORAL GABLES FL 33134

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS E. LOZANO
PRESIDENT

2/21/00

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 DPT ☐ Delete
NAME LOZANO, LUIS EDUARDO
STREET ADDRESS 542 SW 12 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE DPT ☒ Change ☐ Addition
NAME LOZANO, LUIS EDUARDO
STREET ADDRESS 2040 NW. 22 AVE.
CITY-ST-ZIP MIAMI, FL., 33142

TITLE DVS ☐ Delete
NAME LOZANO, JOSE VICENTE
STREET ADDRESS 542 SW 12 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE DVS ☒ Change ☐ Addition
NAME LOZANO, JOSE VICENTE
STREET ADDRESS 2040 NW. 22 AVE.
CITY-ST-ZIP MIAMI, FL., 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS E. LOZANO
PRESIDENT

Date

2/21/00 (305) 637-8090

Daytime Phone #

CR2E034 (9/99)