2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P01000089129

Mailing Address

STATE RD-BOX E 4700

OCHOPEE FL 34141

1. Entity Name

Principal Place of Business

STATE RD-BOX E 4700

OCHOPEE FL 34141

EXPLENDOR AZTECA CORP.



FILED Feb 06, 2003 8:00 am Secretary of State
02-06-2003 90052 023 ***150.00

OUGTABLA

| ☐ CHECK | HERE IF MAKING CHANGES | |
|---------|------------------------|--|

() BESTERN TO BEEN TORIS CATALOGUE BOTT BOTT GOTT (BITT 16) BETTE (BITT 16)

| 2. Principal Place of Büsiness Suite, Apt. #, etc. | | 3. Mailing Addres | 3. Mailing Address Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
|---|--|-----------------------------|---|--|------------------------|--|-------------------|--------------------------------|--|
| | | Suite, Apt. #, e | | | | | | | |
| City & State City & State | | | | | 4. FEI Numb | 4. FEI Number 65-1138738 | | | |
| Zip | ip Country Zip | | Cou | ntry | 5. Certificate | 5. Certificate of Status Desired | | | |
| | 6. Name and Address of Currer | nt Registered Agent | | | 7. Name and | d Address of New Regis | stered Agent | | |
| | | | | Name | | | | | |
| VARGAS, ARTURO | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| STATE BE | D-BOX E 4700 | | | Street Address | S (F.O. BOX NUMB | er is Not Acceptable) | | | |
| | E FL 34141 | | | | | | | | |
| OCHOPE | E FL 34141 | | | | | | | | |
| | | | | City | | | FL Zip | Code | |
| • The should | named entity submits this statement | for the oursess of sha | naina ite regiete | red office or regie | tored agent or bo | the in the State of Florids | | with and accent | |
| the obligat | tions of registered agent | for the purpose of cha | nging its registe | red office of regis | tered agent, or oc | All, in the State of Florida | 1. Talifialilliai | wiri, and accept | |
| the obligati | The state of the s | | | | | ~ 9 | 109/3 | 3 7 | |
| SIGNATURE . | | | | | | | <u> 100/ C</u> | <u> </u> | |
| | Signature, types of printed name of registered age | nt and title if applicable. | (NOTE: Register | red Agent signature requi | fred when reinstating) | | DATE | | |
| F | ILE NOW!!! FEE IS \$150.00 | | | | | landa Caranian Finan | -: | 65.00 | |
| After | r May 1, 2003 Fee will be \$550.00 | 0 | | | | lection Campaign Financ rust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| Make Check | c Payable to Florida Department | of State | | | " | dot i dila communici | | 1888 18 7 888 | |
| 10. | OFFICERS AN | D DIRECTORS | 11 | | ADDITIONS | /CHANGES TO OFFICE | RS AND DIREC | CTORS IN 11 | |
| TITLE | PD | □ De | tete TIT | l F | | - | ☐ Chi | ange Addition | |
| NAME | VARGAS, ARTURO | | NA NA | | | | _ | , <u> </u> | |
| STREET ADDRESS | STATE RD-BOX E 4700 | | STI | REET ADDRESS | | | | | |
| CITY-ST-ZIP | OCHOPEE FL 34141 | | CIT | Y-ST-ZIP | | | | | |
| TITLE | PD | □ De | lete TIT | 15 | | | Cha | ange | |
| NAME | VARGAS, LIZZET | □ 00 | NA NA | | | | | ingo | |
| STREET ADDRESS | STATE RD-BOX E 4700 | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | OCHOPEE FL 34141 | | | Y-ST-ZIP | | | | | |
| | 0011012212 07111 | | | | | | ☐ Cha | ange | |
| TITLE | | □ De | iete III | | | | | inge Addition | |
| NAME Street address | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | برازع ويمينون ودست | | | - - | |
| | | | | | | | ☐ Cha | ange | |
| TITLE | | □ De | lete TIT | | | | | ange Audition | |
| NAME STREET ADDRESS | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | | |
| | | | | | | | | | |
| TITLE | 1 | ☐ De | | | | | ☐ Cha | ange 🔲 Addition | |
| NAME | • | | NA CTI | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS . | | 11 11 11 11 11 11 11 11 | • ** | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | | |
| TITLE | | 🗔 De | | | •• | | ☐ Cha | ange | |
| NAME | | | , NA | - 1 | | • | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | | |
| 12. Thereby o | certify that the information supplied w | ith this filing does not d | qualify for the ex | emption stated in | Section 119.07(3) | (i), Florida Statutes. I fur | ther certify that | the information | |

Interest certify that the information supplied with this rilling 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 occurate 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 empoyeded 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:

HATTE REQUIRED PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #