2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 5250 S.W. 80TH STREET

MIAMI FL 33143

3. Mailing Address

City & State

Zin

Suite, Apt. #, etc.

DOCUMENT

369891

1. Entity Name

FANZA CORPORATION

Principal Place of Business

2. Principal Place of Business

5250 S.W. 80TH STREET **MIAMI FL 33143**

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE



Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90288 029 ***150.00

· · · · · · · · · · · · · · · · · · ·	CHECK HERE IF MAKING (CHANGES
	4. FEI Number 50 1202200	Applied For
	4. FET Number 59-1303369	Not Applicable
Country	E. Cartificate of Status Desired	8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FANDINO, HUGO R Street Address (P.O. Box Number is Not Acceptable) 5250 S.W. 80 STREET MIAMI-FL 33143 Zip Code City

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.		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

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

Country

9. Election Campaign Financing

\$5.00 May Be

Fee Required

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition TITLE FANDINO, HUGO R NAME NAME 5250 S.W.80TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TIGLE TITLE. WELLER NELLY M. V335 6.W. BOTH ST. WELLER.ROBERT G NAME NAME 5335 S.W.80TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP MIRMI. TITLE TITLE □ Change ☐ Delete Addition FANDINO, ANGELA Z NAME NAME STREET ADDRESS 5250 S.W.80TH STREET STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 lepon 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. The all other like empowered.

CITY-ST-ZIP

SIGNATURE: >

CITY-ST-ZIP