2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G16173 **DOCUMENT #**

1. Entity Name

F.E.Z. PROPERTIES, INC.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90057 006 ***150.00

| Principal Place of Business 3130 SW 107 AVENUE MIAMI FL 33165 | | | 3130 | ng Address SW 107 AVENUE Al FL 33165 | | | | | | | |
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| 2. Principal Place of Business | | | 3. Mailing Address | | | 1 | | | HI BIBII BIBII I | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | 4. FEI Number F0-2242027 Applied For | | | | | |
| Zip Country 6. Name and Address of Cur | | Country | Zip Cou | | | ıntry · _ | | 59-2242977 | | | ot Applicable |
| | | nd Addrage of Curren | root Bosistered Apont | | ` | | | 5. Commeate of Glatos Besiled | | \$8.75 Additional Fee Required | |
| | o. Ivallie all | id Address of Curren | i negister | ed Agent | | Name - | 7. Na | ame and Address of New Re | gistered A | gent | |
| DIAZ, ELIO | | | | Stroot Addre | | | (P.O. Box Number is Not Acceptable) | | | | |
| 3130 S.W. 107 AVE. | | | | | | Sileet Address (F | O. Bo. | x Number is Not Acceptable) | | | |
| MIAMI FL | 33165 | | | | | | | | | | |
| | | - | | | Ì | City | | | FL | Zip Coo | le |
| 8. The above the obligat | named entity su | ubmits this statement f | or the purp | oose of changing its r | egistere | ed office or registere | ed ager | nt, or both, in the State of Flori | da. I am fa | amiliar with, | and accept |
| _ | | | | | | | | | | | |
| SIGNATURE . | Signature, typed or p | rinted name of registered agen | t and title if app | plicable. (NOTE: | Registered | 1 Agent signature required to | when reins | stating) | DATE | | |
| F | ILE NOW!!! I | FEE IS \$150.00 | | | | | | | | | |
| | | Fee will be \$550.00 orida Department c | | | | | | Election Campaign Final Trust Fund Contribution. | ncing 🔲 | \$5.0 Added | 0 May Be to Fees |
| 10. | rayable to Fi | OFFICERS AND | | De | 14 | | | ITIONS (DIVINOSO TO COTTO | | | |
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| NAME | DIAZ, ELIO | | | 23 50,000 | NAME | | | | | Onlings | Addition |
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| VAME Street address | SDT Zabala, Luis | S ST. 65 | | ☐ Delete | CITY-: TITLE NAME | ST-ZIP T ADDRESS | | | | _ • | ☐ Addition |
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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 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: