

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90612 001 ***600.00

0182009 AV

DOCUMENT # J80156

1. Entity Name
AZZERTS CORPORATION



Principal Place of Business
**3389 SHERIDAN ST.
SUITE 201
HOLLYWOOD FL 33021**

Mailing Address
**% BRUCE M. GOTTLIEB
125 N 46 AVENUE
HOLLYWOOD FL 33021**



2. Principal Place of Business
39 EAST 78TH STREET

3. Mailing Address
**SUITE, APT. #, ETC.
SUITE 603**

Suite, Apt. #, etc.
SUITE 603

Suite, Apt. #, etc.
SUITE 603

City & State
New York, NY

City & State
New York

Zip
10021

Country
New York

Zip
10021

Country
New York

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2834230** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GOTTLIEB, BRUCE M
125 N 46 AVENUE
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TREZZA, JMAES 3389 SHERIDAN ST., STE 201 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, HILDE G 3389 SHERIDIAN ST., STE 201 HOLLYWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREZZA, DANIELLE P 3389 SHERIDIAN ST., STE 201 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **3/31/03** **212-327-2218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)