

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90007 028 ***150.00

DOCUMENT # P00000048392

1. Entity Name

VARIEDADES MORIZ C.A., CORPORATION

Principal Place of Business

7420 S.W. 82ND ST., #D-207
MIAMI FL 33143

Mailing Address

7420 S.W. 82ND ST., #D-207
MIAMI FL 33143

2. Principal Place of Business

2788 SW 137 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2788 SW 137 AVENUE

Suite, Apt. #, etc.

City & State
MIAMI FLCity & State
MIAMI FLZip
33175Country
DADEZip
33175Country
DADE

4. FEI Number

65-1008199

Applied For

Not Applicable

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

SHOMAR, JOSEPH
17439 N.W. 66TH COURT
MIAMI FL 33015

Name

Andres F. Lastre

Street Address (P.O. Box Number is Not Acceptable)

13911 SW 112 STREET

City

MIAMI**FL**Zip Code
33186

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 **Andres F. Lastre**

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

(NOTE: Registered Agent signature required when reinstating.)

02-14-01

DATE

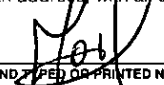
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **TAHAN, MORIZ OBAYI**
STREET ADDRESS **7420 S.W. 82ND ST., #D-207**
CITY-ST-ZIP **MIAMI FL 33143**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-01

Date

305-223-9555

Daytime Phone #

CR2E034 (10/00)