2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000081680

1. Entity Name

BIZZ INTERNET 2000, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90182 039 ***158.75

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Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 721 CORAL GABLES FL 33134 2. Principal Place of Business		Mailing Address 2121 PONCE DE LEON BLVD SUITE 721 CORAL GABLES FL 33134						
		3. Maning Address			r LOOLINGE STE BOLIN DRITE BOLIN DOTTE BOLIN	16161 (0101 HEID 6190	11 10111 0011 100(
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 65-1039625 Applied For			
Zip Country		Zip Co		, 5.	5. Certificate of Status Desired 7 \$8.75 Ad		lot Applicable	
	6. Name and Address of Current	Registered Agent	_1		Name and Address of New Register	Fee Require	ed	
			1	Name	Traine and Address of New Acgister	eu Agent		
	P. VEGA CPA, P.A.	Stroat Address		Street Address (P.O.)	O (P.O. Boy Mumber is Net Associated)			
	NCE DE LEON BLVD		Street Address		s (P.O. Box Number is Not Acceptable)			
SUITE 72							-	
CORAL C	SABLES FL 33134	• *		City		Zip Cod	de .	
8. The above	a named entity submits this statement fo	r the purpose of changing i	its registered of	office or registered as	Part and the state of the Control of			
the obliga	tions of registered agent.	. the perpose of changing i	ira iegisteren t	once or registered ag	gent, or both, in the State of Florida.	am familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registered Age	gent signature required when r	einstating) DA	TE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be	
10.	OFFICERS AND	- 1	11.	ΑΓ	DDITIONS/CHANGES TO OFFICERS A	NID DIRECTOR	CINIAA	
TITLE	DP	☐ Delete	TITLE	7.0	DOMONO/CHANGES TO OFFICERS A	Change	S IN 11 ☐ Addition	
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12. I hereby ce	ertify that the information supplied with the	his filing doop not avalid						

ot qualificative exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and account of the corporation or the receiver or trustee empowered to supplemental reports in the corporation or the receiver or trustee empowered to supplemental trustee empowered to supplementation or the receiver or trustee empowered to supplementation or the corporation or the receiver or trustee empowered to supplementation of the corporation of the corporation of the corporation or the receiver or trustee empowered to the corporation of the

SIGNATURE:

Daytime Phone #