

FROM :

FPX NO. : 4073390650

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

001000270469

PO10000704

1. Entity Name
Froozes Enterprises of Florida Inc

FROOZES ENTERPRISES OF FLA. INC.

Principal Place of Business
9049 Heritage Bay Cir

Mailing Address
9049 Heritage Bay Cir

Orlando, FL
32836

Orlando, FL
32836

2. Principal Place of Business

3. Mailing Address

671349

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-3740865

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARMA, JEE (ENDRA) K
9049 HERITAGE BAY CIR.
ORLANDO FL 32836

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.

SIGNATURE

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

NOTE: For a new agent signature required when changing

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NUMBER: 000100000000

APR - MAY 2002 Fee will be \$500.00

Make Check Payable to the order of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	Delete
NAME	VARMA, SMITA J	
STREET ADDRESS	9049 HERITAGE BAY CIR.	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/2002	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

CRE004 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 entries, etc.)