

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90449 021 \*\*\*150.00

**DOCUMENT # P02000067440**

1. Entity Name  
**PEVAZI, INC.**



Principal Place of Business  
**C/O CHARLES RYAN HICKMAN  
230 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480**

Mailing Address  
**C/O CHARLES RYAN HICKMAN  
230 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480**

**J0041604**



**XX CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business  
**777 S. Flagler Drive  
Suite, Apt. #, etc.  
Suite 800, West Tower**

3. Mailing Address  
**240 10th Street  
Suite, Apt. #, etc.**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33401** Country  
**U.S.A.**

Zip  
**33401** Country  
**U.S.A.**

4. FEI Number  
**04-3686630**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HICKMAN, CHARLES R  
230 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name  
**Hickman, Charles R.**

Street Address (P.O. Box Number is Not Acceptable)  
**240 10th Street**

City  
**West Palm Beach** FL Zip Code  
**33401**

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 *Charles R. Hickman* DATE **4/25/03**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, Dir: Arturo M. Zindel Mundet Cors c/o 240 10th Street West Palm Beach, FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P., Dir. Jorge A. Zindel Mundet Cors. c/o 240 10th Street West Palm Beach, FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T, Dir. Guillermo Perez Vargas Hernandez c/o 240 10th Street West Palm Beach, FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: *Arturo M. Zindel Mundet Cors* **ZINDEL (VICE-PRESIDENT)**

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