

DOCUMENT # P95000064766

1. Entity Name

DIZENZO MANUFACTURING INTERNATIONAL, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90039 027 ***150.00

Principal Place of Business

Mailing Address

4400 NW 19 AVE
STE H2
POMPANO BEACH FL 33064
US

4400 NW 19TH AVE
STE H-2
POMPANO BEACH FL 33064-8703
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0603286

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIZENZO, FRANK R.
4400 NW 19TH AVE STE H2
BAY 1-2
POMPANO BEACH FL 33064

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: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

Input box

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTSD
NAME: DIZENZO, FRANK
STREET ADDRESS: 1900 ISABEL RD. ESTE
CITY-ST-ZIP: BOCA RATON FL 33498

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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

FRANK DIZENZO
President 2/1/00

Date

954-978-4624
Daytime Phone #