

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 016 ***150.00

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AV

DOCUMENT # P98000099963

1. Entity Name
NAZ, INC.



Principal Place of Business
**4220 W. COLONIAL DR.
SUITE #2
ORLANDO FL 32808**

Mailing Address
**4220 W. COLONIAL DR.
SUITE #2
ORLANDO FL 32808**

2. Principal Place of Business

**3201 E COLONIAL DR
SUITE, Apt. #, etc. K 8**

3. Mailing Address

**7436 HERRICKS LOOP
SUITE, Apt. #, etc.**

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3552013

Applied For

Not Applicable

Zip

FL

Country

32203

Zip

FL

Country

32835

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NAZARIAN, SOUREN G
7436 HERRICKS LOOP
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAZARIAN, SOUREN G 4220 W. COLONIAL DR ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 4075955273
Date Daytime Phone #

CR2E034 (10/02)