

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 027 ***150.00

DOCUMENT # K55078

1. Entity Name

BEZ, INC.



Principal Place of Business

1905 N ATLANTIC BLVD., APT E-PH-F
FT. LAUDERDALE FL 33305

Mailing Address

1905 N ATLANTIC BLVD., APT E-PH-F
FT. LAUDERDALE FL 33305

2. Principal Place of Business

1905 N. OCEAN BLVD
Suite, Apt. #, etc.
APT E-PH-F

3. Mailing Address

1905 N. OCEAN BLVD
Suite, Apt. #, etc.
APT - E-PH-F

City & State

FT LAUD FL

City & State

FT LAUD FL

4. FEI Number

65-0088918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARREN, BENNETT
1905 NORTH ATLANTIC BLVD.
APT. E-PH-F
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name: ZARREN, BENNETT
Street Address (P.O. Box Number is Not Acceptable): 1905 N. OCEAN BLVD APT E-PH-F
City & State: FT LAUDERDALE FL Zip Code: 33305

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, 2004 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: PD ☐ Delete
NAME: ZARREN, BENNETT
STREET ADDRESS: 1905 N. OCEAN BLVD. APT E-PH-F
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: D ☐ Delete
NAME: ZARREN, ELLEN
STREET ADDRESS: 1905 N OCEAN BLVD APT E-PH-F
CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: *Bennett Zarren* BENNET ZARREN 2/16/04 954-563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #