

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90074 006 ***150.00

DOCUMENT # **K55078**

1. Entity Name
BEZ, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1905 N. OCEAN BLVD 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 LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33305

Country

USA

Zip

33305

Country

USA

6. Name and Address of Current Registered Agent

ZARREN, BENNETT
1905 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1905 N. OCEAN BLVD
MTE-PH-F

City

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, 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 **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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENNETT ZARREN **3/3/03**

Date

954-567-1124

CR2E034 (10/02)