

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90146 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97353

1. Entity Name
FAGAZI INC.

Principal Place of Business
 18761 W DIXIE HWY #222
 N MIAMI BCH FL 33180

Mailing Address
 PO BOX 1120
 HALLENDALE FL 33008-1120

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-2231116** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, JACK
 18761 W DIXIE HWY
 #222
 N MIAMI BCH FL 33180

Name **ROSENTHAL JACK**
Street Address (P.O. Box Number is Not Acceptable)
 18677 W. DIXIE HWY #222
City **AVENTURA** **FL** **33180**

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

JACK ROSENTHAL
 (NOTE: Registered Agent signature required when reinstating)

4/25/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROSENTHAL, JACK | |
| STREET ADDRESS | 18761 W DIXIE HWY., #222 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROSS, ROBERT | |
| STREET ADDRESS | 18761 W DIXIE HWY #222 | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|--------------------------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENTHAL, JACK | |
| STREET ADDRESS | 18677 W. DIXIE HWY #222 | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| TITLE | UP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSS, ROBERT | |
| STREET ADDRESS | 18677 W DIXIE HWY #222 | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 or without other like empowered.

SIGNATURE: *Robert Ross*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 **305-464-2276**
 Date Daytime Phone #

CR2E034 (9/01)