

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90204 030 \*\*\*150.00

**DOCUMENT # G62505**

1. Entity Name

V.G.Z. INTERNATIONAL, INC.

Principal Place of Business

280 SE 11TH STREET  
 POMPANO BEACH FL 33060  
 US

Mailing Address

PO BOX 70066  
 FORT LAUDERDALE FL 33307  
 US

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 **59-2326189**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEINZ RNZ  
 280 SE 11TH STREET  
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name **LOUISE ALBERT**

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

**280 SE 11th STREET**

City **POMPANO BEACH**

FL

Zip Code **33060**

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 *Louise Albert*

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

(NOTE: Registered Agent signature required when reinstating)

**02/07/01**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINKLER, MARKUS	
STREET ADDRESS	1511 E COMMERCIAL BLVD, SUITE 128	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RENZ, HEINZ	
STREET ADDRESS	280 SE 11TH STREET	
CITY-ST-ZIP	POMPANO BEACH 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, MARKUS	
STREET ADDRESS	P.O. Box 70066	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33307	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE ALBERT	
STREET ADDRESS	280 SE 11th STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
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		
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 all other like empowered.

SIGNATURE:

*Louise Albert* / LOUISE ALBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/07/01**

Date

**(954) 788-9585**

Daytime Phone #

CR2E034 (10/00)