

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # G72017**1. Entity Name
THE JAZZIZ MAGAZINE, INC.**Principal Place of Business**

3620 N.W. 43RD ST., STE. D

GAINESVILLE
32606

FL

Mailing Address

3620 N.W. 43RD ST., STE. D

GAINESVILLE
32606

FL

2. Principal Place of Business

2650 NORTH MILITARY TRAIL

3. Mailing Address

2650 NORTH MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 140Suite, Apt. #, etc.
SUITE 140City & State
BOCA RATON

FL

City & State
BOCA RATON

FL

Zip
33431Country
USZip
33431Country
US4. FEI Number
59-2338502

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 AgentFAGIEN, LORI B.
4616 NW 57 DRGAINESVILLE
32606

FL

7. Name and Address of New Registered Agent

Name

FAGIEN, LORI B.

Street Address (P.O. Box Number is Not Acceptable)
7426 FLORANADA WAYCity
DELRAY BEACH

FL

Zip Code
33446

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 **LORI B. FAGIEN****02/28/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	FAGIEN, MICHAEL	
STREET ADDRESS	4616 NW 57 DR	
CITY-ST-ZIP	GAINESVILLE	FL
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAGIEN, LORI B.	
STREET ADDRESS	4616 NW 57 DR	
CITY-ST-ZIP	GAINESVILLE	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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGIEN, MICHAEL	
STREET ADDRESS	7426 FLORANDA WAY	
CITY-ST-ZIP	DELRAY BEACH	FL 33446
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGIEN, LORI B.	
STREET ADDRESS	7426 FLORANADA WAY	
CITY-ST-ZIP	DELRAY BEACH	FL 33446
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: Michael Fagien

PD

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)