2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 13, 2001 8:00 am Secretary of State **DOCUMENT # H14845** 1. Entity Name MAZZORANA ENTERPRISES, INC. 01-13-2001 90055 039 ***150.00 Mailing Address Principal Place of Business 5372 W. 4TH LANE 5372 W. 4TH LANE HIALEAH FL 33012 HIALEAH FL 33012 E0003550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2432850 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZZORANA, IVAN L. Street Address (P.O. Box Number is Not Acceptable) 5372 W. 4TH LANE HIALEAH FL 33012 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition Change **PSTD** ☐ Delete TITLE MAZZORANA, IVAN L. NAME NAME STREET ADDRESS 5372 W. 4TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change ☐ Addition ☐ Delete TITLE NAME NAME MAZZORANA, ELMA C. STREET ADDRESS STREET ADDRESS 5372 W. 4TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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