

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L70930**

1. Entity Name  
**HOZ & COMPANY, INC.**



Principal Place of Business  
**970 HUNTING LODGE DR.  
MIAMI SPRINGS FL 33166**

Mailing Address  
**970 HUNTING LODGE DR.  
MIAMI SPRINGS FL 33166  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip      Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip      Country

6. Name and Address of Current Registered Agent

**DE LA HOZ, LEOPOLDO  
970 HUNTING LODGE DR  
MIAMI SPRINGS FL 33166**

Name

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

City

**FL**

Zip Code

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

**\$5.00** May Be  
Added to Fees

10. **OFFICERS AND DIRECTORS**

Delete

**D  
DELAHOZ, LEOPOLDO  
970 HUNTING LODGE DR  
MIAMI SPRINGS FL**

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change     Addition

**D  
GRISSELL, DE LA HOZ  
970 HUNTING LODGE DR  
MIAMI SPRINGS FL**

Delete

Delete

Delete

Delete

Delete

Delete

CR2E034 (10/02)

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* REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/03*

*(305) 599-1120*

Date

Daytime Phone #