

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M40110**

1. Entity Name

**OWEN INTERNATIONAL INC****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**500 W 83RD ST**

Suite, Apt. #, etc.

3. Mailing Address

**500 W 83RD ST**

Suite, Apt. #, etc.

**FILED****02 MAY -2 PM 3:35****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
752119****DO NOT WRITE IN THIS SPACE**

City &amp; State

**HALEAH FL**

City &amp; State

**HALEAH FL**

4. FEI Number

**59-2741246**Applied For  
☐ Not Applicable

Zip

**33014**

Country

**USA**

Zip

**33014**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **OWEN ZAYAS BAZAN**Street Address (P.O. Box Number is Not Acceptable)  
**500 W. 83 ST.**City **HALEAH****FL****33014**

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

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

**PRESIDENT**

(NOTE: Registered agent signature required when resigning)

**4/22/02**

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**OWEN ZAYAS BAZAN, OWEN  
662 GLENRIDGE RD  
KEY BISCAYNE FL 33149**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**MARIA ZAYAS BAZAN  
662 GLENRIDGE RD  
KEY BISCAYNE FL 33149**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 305.822.3338**

Date

Daytime Phone #

CR2E034B (12/01)