

Requester's Name

SAZ TRADING OF FLORIDA, INC.
1050 E - 16TH STREET
HALEAH, FL 33010

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #) **300003381893--8**
-09/05/00--01113--005
*******35.00 *****35.00**

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP -5 PM 1:50

FILED

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

T BROWN SEP 14 2000

Examiner's Initials

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

2. The mailing address of the corporation is: 1050 EAST 16 STREET
HIALEAH, FL 33010

AVRAHAM ZEITOUNE
4747 HOLLYWOOD BLVD UNIT PMB 269
HOLLYWOOD FL 33021

SAZ TRADING OF FLORIDA INC
1050 EAST 16 STREET
HIALEAH, FL 33010

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Date)

AVRAHAM ZEITOUNE PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Date)

(Typed or Printed Name)

(Capacity)

TALLAHASSEE, FL 32314

FILED
00 SEP - 5 PM 1:50
TALLAHASSEE
SECRETARY OF STATE
of its registered
an officer so.