

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91066 036 ***150.00

0038997 AV

DOCUMENT # P00000011945

1. Entity Name
AZM INTERNATIONAL, INC.



Principal Place of Business
**9846 OLD BAY MEADOWS ROAD
JACKSONVILLE FL 32256**

Mailing Address
**9846 OLD BAY MEADOWS ROAD
JACKSONVILLE FL 32256**

20032315



2. Principal Place of Business
9550-7 BAYMEADOWS RD

3. Mailing Address
9550-7 BAYMEADOWS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number **59-3624791**

Applied For
Not Applicable

Zip **32256**

Country

Zip **32256**

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AL-ABABSEH, AHMED
9846 OLD BAY MEADOWS ROAD
JACKSONVILLE FL 32256**

Name
AL ABABSEH AHMED
Street Address (P.O. Box Number is Not Acceptable)
9550-7 BAYMEADOWS RD

City **JACKSONVILLE FL** Zip Code **32256**

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 _____ (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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D AL-ABABSEH, AHMED**
STREET ADDRESS **9846 OLD MEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
NAME **Same**
STREET ADDRESS **9550-7 Baymeadows Rd**
CITY-ST-ZIP **Jax-Fl 32256**

TITLE Delete
NAME **D TARIF, HAZEM BEN**
STREET ADDRESS **9846 OLD MEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
NAME **Same**
STREET ADDRESS **9550-7 Baymeadows Rd**
CITY-ST-ZIP **Jax-Fl 32256**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ahmad Al-Ababseh** **REQUIRED**

4/15/03

904-646-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)