

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90152 043 ***150.00

DOCUMENT # P00000033094

1. Entity Name
ZOZZO IS IN THE HOUSE, INC.

Principal Place of Business
 1623 N.E. 8 AVE., APT. 4
 FT. LAUDERDALE FL 33305

Mailing Address
 1623 N.E. 8 AVE., APT. 4
 FT. LAUDERDALE FL 33305

2. Principal Place of Business
1309 NE 1 AVE
 Suite, Apt. #, etc.

3. Mailing Address
1309 NE 1 AVE
 Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip
33304
Country
USA

City & State
Ft. Lauderdale, FL
Zip
33304
Country
USA

4. FEI Number **65-0998440** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, RAYMOND
1623 N.E. 8 AVE., APT. 4
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name **Garcia, Raymond**
Street Address (P.O. Box Number is Not Acceptable) **1309 NE 1 AVE**
City **Ft. Lauderdale** **FL** **Zip Code** **33304**

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 _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☐ **Delete**
NAME **GARCIA, RAYMOND**
STREET ADDRESS **1623 N.E. 8 AVE., APT. 4**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1309 NE 1 AVE**
CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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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 changed, or on an attachment with an address, with all other line empowered.

SIGNATURE: *Raymond Garcia*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 **786-489-1887**
 Date Daytime Phone #

CR2E034 (9/01)