

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1309 NE 1 AVE **1309 NE 1 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Ft. Lauderdale, FL **Ft. Lauderdale, FL**

Zip **Country** **Zip** **Country**
33304 **USA** **33304** **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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Delete
NAME	GARCIA, RAYMOND	
STREET ADDRESS	1623 N.E. 8 AVE., APT. 4	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1309 NE 1 AVE	
CITY-ST-ZIP	Ft Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 the empowered.

SIGNATURE: *Raymond Garcia* **4/9/02** **786-489-1887**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UC020000 AV

CR2E034 (9/01)