2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am \$ Secretary of State P00000036675 DOCUMENT # 1. Entity Name FZM INTERNATIONAL CORP. Principal Place of Business Mailing Address 4855 PEMBROKE ROAD 1 vo hore 4855 PEMBROKE ROAD -- \(\) MΩ HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business 11271 INTERCHANGE CIRCLE LOUTH 11271 INTERCHANGE CIRCLE SOGH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0998706 MIRSMAR, FC Not Applicable MIRATIAN Country \$8.75 Additional Zip 5. Certificate of Status Desired USA 30ZS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERPA, RICARDO H FERREIRA, MARCELO G Street Address (P.O. Box Number is Not Acceptable) 4855 PEMBROKE ROAD HOLLYWOOD FL 33021 Zin Code MIRAMAR 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This consoration is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Delete TITLE TITLE FERREIRA, MARCELO G NAME NAME LIDZI INTERCHANGE CIRCLE SOUTH STREET ADDRESS 2353 S.W. 102 AVENUE STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Addition Delete TITLE PRESIDENCE BAGARONECERE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE Delete TITLE PRESIDENT SERPA, RICARDO H 373 COCONUT CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 optrustee 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR