FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # PO DØ DØ 36675 1. Entity Name FZM INTERNATIONAL CORP.						04-07-2003 90988 045 ***150.00	
DO NOT WRITE IN THIS SPACE					Æ		
Principal Place of Business 373 COCONUT CIRCLE Suite, Apt. #, etc.			3. Mailing Address 373 COCONUT CIRCLE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			. FEI Number 65_0998706 Applied For	
Zip 33326			WESTON, FL Zip 33326-3320			Certificate of Status Desired S8.75 Additional Fee Required	
						7. Name and Address of Current Registered Agent	
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SP			ACE		373 COCONUT CIRCLE		
					City WESTO		
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, typed of pripted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.							
January 1 - May 1 Fee is \$150.00. After May 1, Fee is \$550.00. Amended UBR is \$61.25. Make Check Payable to Florida Department of State					9. a <u></u>	P. Election Campaign Financing Trust Fund Contribution.	5.00 May Be Ided to Fees
10.	I	OFFICERS AND E		1000			
NAME STREET ADDRESS CITY-ST-ZIP	1373 COCONITE CIRCLE - WESTON EL 33326				E IE EET ADDRESS IST-ZIP		CR2E034B (12/02)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			$\overline{}$	TITL NAM STR			Secretary of the Control of the Cont
12. I hereby certify that the information supplied with this filling 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 two and accorate 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 on an attachment with an address, with all other like empowered.							