

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

DOCUMENT # P00000064583

1. Entity Name

BZ MOTORS, INC.

04-03-2002 90545 001 ***150.00

04-03-2002 90545 002 *****8.75

Principal Place of Business

**3100 NW 72 AVE #125
MIAMI FL 33122**

Mailing Address

**3100 NW 72 AVE #125
MIAMI FL 33122**

2. Principal Place of Business

**9090 NW South River Dr.
Suite, Apt. #, etc.
31**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Wesley, FL
33166**

City & State

Zip

Country **USA**

4. FEI Number

65-1021054

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADRÓN, BLANCA ZOE

3100 NW 72 AVE #125

MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3/26/02

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 **DPS** ☐ Delete
NAME **PADRÓN, BLANCA ZOE**
STREET ADDRESS **17793 SW 139 CT.**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **15718 Sw 43 Ave.**
CITY-ST-ZIP **Miami FL 33185**

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

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

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 **25 8046077**
Date Daytime Phone #

CR2E034 (9/01)