

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90156 021 ***158.75

DOCUMENT # P00000067308

1. Entity Name
NIZZA CORP.



Principal Place of Business
**5762 OKEECHOBEE BLVD., SUITE 151
W. PALM BCH FL 33417**

Mailing Address
**5762 OKEECHOBEE BLVD., SUITE 151
W. PALM BCH FL 33417**



2. Principal Place of Business

5762 OKEECHOBEE BLVD.

Suite, Apt. #, etc.
151

City & State
WEST PALM BEACH FL

Zip
33417

Country
USA

3. Mailing Address

5762 OKEECHOBEE BLVD.

Suite, Apt. #, etc.
151

City & State
WEST PALM BEACH FL

Zip
33417

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1042512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PILNER, RAYMOND
5762 OKEECHOBEE BLVD., SUITE 151
W. PALM BCH FL 33417**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
PILNER, RAYMOND
STREET ADDRESS
232 DPVER 'B' ← 232 DOVER 'B'
CITY-ST-ZIP
WEST PALM BEACH FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03 (561) 686-9747

Date Daytime Phone #

CR2E034 (10/02)