

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90031 040 \*\*\*150.00

0094150

**DOCUMENT # P00000076000**

1. Entity Name

**R.Z. ASSOCIATES INC.**

Principal Place of Business

**662 EAST 44TH STREET  
HIALEAH FL 33012**

Mailing Address

**662 EAST 44TH STREET  
HIALEAH FL 33012**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**05-1039906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ZOE G  
662 EAST 44TH STREET  
HIALEAH FL 33012**

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]*

**Vice President**

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

(NO 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, 2001 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 **PD** ☐ Delete  
NAME **FERNANDEZ, RAYNALDO D**  
STREET ADDRESS **662 EAST 44TH STREET**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SVTD** ☐ Delete  
NAME **GONZALEZ, ZOE G**  
STREET ADDRESS **662 EAST 44TH STREET**  
CITY-ST-ZIP **HIALEAH FL 33012**

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  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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 any address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/20/01 305)681-9512**  
Date Daytime Phone #

CR2E034 (10/00)

R. Z. Assoc.

CORP # P0000007600

May / 2001 Attachment  
A002061

to: Division of Corp. Uniform Bus.

to whom is my Concern:

this Corp. was made about 8 Month Ago, this is the Fifth time to US to do Corporation here in USA, do it to this, we don't realize this point when we have to make a Fee Payment every year for the Renovation.

Please we like to Ask for some exeprio Attach is the check for \$150.00. like we said this is the Fifth time doing Bussines AND unfortunate the Accounting never tell us ABOUT this Fee.

Please contact us to if is posible to obtain some Result from this letter.

Thank you

Zoe Gonzalez  
Vice President.