

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90369 049 ***150.00

DOCUMENT # P 00000088619

1. Entity Name

FINZA, INC.



DO NOT WRITE IN THIS SPACE

90014502

2. Principal Place of Business

12550 Biscayne Blvd

Suite, Apt. #, etc.

Ste. 500

City & State
North Miami, Fl. 33181

Zip

Country

3. Mailing Address

1149 SW 27th Avenue, Ste. 203

Suite, Apt. #, etc.

Ste. 203

City & State
Miami, Fl. 33135

Zip

Country

4. FEI Number
65-1040755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BRATTER, JOSHUA P.

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

777 17th St.

Penthouse Suite

City

Miami Beach

FL

Zip Code
33139

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

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. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME, D
Saieh, Alexander
STREET ADDRESS
12550 Biscayne Blvd, Ste. 500
CITY-ST-ZIP
North Miami, Fl. 33181

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)