

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091855

1. Entry Name

BLIZZARD TECHNOLOGIES, INC.

Principal Place of Business

930 W. 56TH ST.
HIALEAH FL 33012

Mailing Address

930 W. 56TH ST.
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

6. Name and Address of Current Registered Agent

MACHIN, JAIR
930 W. 56TH ST.
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, typed or printed name of registered agent and title if applicable.

(NOTE: 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MACHIN, JAIR
930 W. 56TH ST.
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MACHIN, PURA
930 WEST 56TH STREET
HIALEAH FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
NATES, MITZI
5431 WEST 5TH LANE
HIALEAH FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MACHIN, JANAY
930 WEST 56TH STREET
HIALEAH FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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 reports 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

Jair Machin

March 12th 2001 305-456-1447

Date

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90223 045 ***158.75

UUUZZZZZ



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)