

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094171

1. Entity Name

GROUP 967, INC.

Principal Place of Business

17100 COLLINS AVE. STE 109
N MIAMI BEACH FL 33160

Mailing Address

17100 COLLINS AVE. STE 109
N MIAMI BEACH FL 33160

2. Principal Place of Business

4687 S. UNIVERSITY DR.

3. Mailing Address

4687 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE FLORIDA

Zip

33328

Country

U.S.A.

Zip

33328

Country

U.S.A.

6. Name and Address of Current Registered Agent

NATIONSCORP REGSITERED AGENTS, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

ANTONIO DIAZ

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

2771 Ocean Cwb Blvd, #204

City

HOLLYWOOD

FL

Zip Code

33019

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)

* 04/17/2001

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
DPST
DIAZ, ANTONIO
CALLE LA PLAZA QUINTA VILLA ADRIANA
LA FLORIDA CARACAS VENEZUELA

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DIAZ, ANTONIO
2771 Ocean Cwb Blvd, #204
Hollywood, FL 33019

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

ANTONIO DIAZ

* 04/17/2001

Date

Daytime Phone #

*(954) 6890409



DO NOT WRITE IN THIS SPACE

0197845

CR2E034 (10/00)