

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90062 037 ***158.75

0493687

DOCUMENT # P00000097773

1. Entity Name
UZFUL, CORP.

Principal Place of Business
P.O. BOX 9633
CORAL SPRINGS FL 33075

Mailing Address
P.O. BOX 9633
CORAL SPRINGS FL 33075

2. Principal Place of Business
7520 Viscaya Circle
 Suite, Apt. #, etc.

3. Mailing Address
POB 9633
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Margate, FL
 Zip
33063 Country
USA

City & State
Coral Springs, FL
 Zip
33063 Country
USA

4. FEI Number
05-1049622 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MEDINA-SALINAS, ELIZABETH
7520 VISCAYA CIRCLE
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
N/A
 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 _____ (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	PD MEDINA-SALINAS, ELIZABETH 7520 VISCAYA CIRCLE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elizabeth Medina Salinas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01

Date Daytime Phone #

CR2E034 (10/00)