

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90063 036 ***150.00

DOCUMENT # P01000011270

1. Entity Name

FORZAR INTERNATIONAL INC.

Principal Place of Business

**3821 NW 21ST ST.
 COCONUT CREEK FL 33066**

Mailing Address

**3821 NW 21ST ST.
 COCONUT CREEK FL 33066**

2. Principal Place of Business

**1991 NW 55th Ave.
 Suite, Apt. #, etc.**

3. Mailing Address

**3840 NW 21 St.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Margate, FL

City & State

Coconut Creek, FL

4. FEI Number

65-10762005

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33066

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, C. DIANE

3821 NW 21ST ST.

COCONUT CREEK FL 33066

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, 2002 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 ☐ Delete
 NAME **President**
 STREET ADDRESS **C. Diane Lane**
 CITY-ST-ZIP **3840 NW 21 St. Coconut Creek, FL 33066**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 954-917-0918

Date

Daytime Phone #

CR2E034 (9/01)