

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90060 039 ***150.00

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DOCUMENT # P01000011270

1. Entity Name
FORZAR INTERNATIONAL INC.



Principal Place of Business
1991 NW 55 TH AVENUE
MARGATE FL 33063

Mailing Address
3840 NW 21ST STREET
COCONUT CREEK FL 33066



2. Principal Place of Business
2411 NW 16th Lane
Suite, Apt. #, etc.
3

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

City & State
Pompano Beach, FL

City & State

Zip
33064

Country
Broward

Zip
Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1072005**

Applied For
 Not Applicable

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 **Lane, C. Diane**

Street Address (P.O. Box Number is Not Acceptable)
3840 NW 21st Street

City **Coconut Creek** FL Zip Code **33066**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	STREET ADDRESS	CITY-ST-ZIP	Delete
P	LANE, DIANE C	3840 NW 21 STREET	COCONUT CREEK FL 33066	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *C. Diane Lane* **RECORDED** **3-12-03 954-971-8070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)