

# 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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AV

**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 16<sup>th</sup> Lane**

3. Mailing Address

Suite, Apt. #, etc.  
**# 3**

CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**

City & State

Zip  
**33064**

Country  
**Broward**

4. FEI Number  
**65-1072005**

Applied For  
 Not Applicable

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 21<sup>st</sup> Street**

City  
**Coconut Creek**

State  
**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	<b>P</b> <b>LANE, DIANE C</b> <b>3840 NW 21 STREET</b> <b>COCONUT CREEK FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)