

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018244

1. Entity Name

FIZZAH ENTERPRISES, INC.

Principal Place of Business

1330 B HARRISON AVE.  
PANAMA CITY FL 32401

Mailing Address

1330 B HARRISON AVE.  
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3732820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

## 6. Name and Address of Current Registered Agent

KAZMI, TARIO  
105 ROBINSON STREET, SUITE 310  
ORLANDO FL 32801

Name

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

905 W 26th St. Apt 90  
Lynn Haven

FL Zip Code  
32444

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 D  Delete  
NAME KAZMI, TARIO  
STREET ADDRESS 105 ROBINSON STREET, SUITE 310  
CITY-ST-ZIP ORLANDO FL 32801

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  Change  Addition  
NAME KAZMI, TARIO  
STREET ADDRESS 905 W 26th St. Apt 90  
CITY-ST-ZIP Lynn Haven, FL 32444

TITLE D  Delete  
NAME KAZMI, SOBIA  
STREET ADDRESS 105 ROBINSON STREET, SUITE 310  
CITY-ST-ZIP ORLANDO FL 32801

TITLE Sec/Treas  Change  Addition  
NAME KAZMI, SOBIA  
STREET ADDRESS 905 W 26th St. Apt 90  
CITY-ST-ZIP Lynn Haven, FL 32444

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-15-02

(850) 872-3773

Date

Daytime Phone #

CR2E034 (9/01)

3  
11  
12  
13