

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90099 045 ***150.00

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

Country

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

7. Name and Address of New 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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition
NAME
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
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
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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

4-15-02

(850) 872 3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)