

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90392 044 ***150.00

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DOCUMENT # P01000033761

1. Entity Name
TVZ ENTERPRISES, INC.



Principal Place of Business
**9745 VINEYARD CT.
BOCA RATON FL 33428**

Mailing Address
**9745 VINEYARD CT.
BOCA RATON FL 33428**

11033433



2. Principal Place of Business
PO Box 646
Suite, Apt. #, etc.

3. Mailing Address
100 S. Birch Road
Suite, Apt. #, etc.
1003

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL
Zip
33429 Country
USA

City & State
FT. Lauderdale, FL
Zip
33316 Country
USA

4. FEI Number **65-1098851** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARELLA, THOMAS V
9745 VINEYARD CT.
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name **Thomas V. Zarella**
Street Address (P.O. Box Number is Not Acceptable)
120 Isles of Venice Apt #1
City **FT. Lauderdale FL** Zip Code **33301**

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 *Thomas Zarella*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

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 **D** ☐ Delete
NAME **ZARELLA, THOMAS V**
STREET ADDRESS **9745 VINEYARD CT.**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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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: *Thomas Zarella* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

Daytime Phone #

CR2E034 (10/02)