

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

04/07/24 AV

DOCUMENT # P01000048377

1. Entity Name

AVANZA INTERNATIONAL CORP.

02-28-2002 90061 040 ***150.00

Principal Place of Business

**4360 SUMMER LANDING DR APT 301
 LAKELAND FL 33810**

Mailing Address

**4360 SUMMER LANDING DR APT 301
 LAKELAND FL 33810**



2. Principal Place of Business

7061 GRAND NATIONAL DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

132

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

SAME

Zip

32819

Country

ORANGE

Zip

SAME

Country

SAME

4. FEI Number

65-1108338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A
 782 NW 42 AVE STE 637
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ Delete
 NAME **D ANZOLA O, FRANCISCO R**
 STREET ADDRESS **4360 SUMMER LANDING DR APT 301**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete
 NAME **D LOVERA, MARIA S**
 STREET ADDRESS **4360 SUMMER LANDING DR APT 301**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D ANZOLA O, FRANCISCO R.**
 STREET ADDRESS **311 LIGHTHOUSE COVE CT APT 104**
 CITY-ST-ZIP **OCFEE, FL 34761**

TITLE ☒ Change ☐ Addition
 NAME **D LOVERA, MARIAS.**
 STREET ADDRESS **311 LIGHTHOUSE COVE CT APT 104**
 CITY-ST-ZIP **OCFEE, FL 34761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

1/24/02 407-

Daytime Phone #

CR2E034 (9/01)