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Mar 29, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P01000090495 1. Entity Name 02-13-2002 90126 028 ***150.00 NRZ, INC. Principal Place of Business 12385 5,W 82 AUC 12885 54 80 DUE 10220 SW 134TH ST 10220 SW 1/29TH ST 18288 VAI AMI FL 33156 MIAMI FJ 33176 WIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ==Suite-Apt:#:etc. ___ - DO NOT WRITE IN THIS SPACE. City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUDKOWITZ, HARVEY Street Address (P.O. Box Number is Not Acceptable) 10220 SW 124TH ST MIAMI FL 33176 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible -FILE NOW!!!-FEE:IS-\$150:00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (9/01) 🔽 Delete TITLE TZANANI NAME JUDOWITZ, HARVEY NAME 12835 5.W 82 AUC STREET ADDRESS 10220 SW 124TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-7IP miami KL 33156. TITLE ☐ Delete TITLE RAFFI ZABARI NAME 12885 5.W 72 AVE. MIAMI FL 33156. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET A CITY-ST- I hereby certify that the information supplied with indicated on this report or supplemental report is exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information structure shall have the same legal effect as if made under oath; that I am an officer or director returned by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received 305-378-1941 SIGNATURE: