

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90116 019 ***150.00

DOCUMENT # **P01000090495**

1. Entity Name
NRZ inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17101 Gulf Blvd.
Suite, Apt. #, etc.

3. Mailing Address
17101 Gulf Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. Redington Beach
Zip
33708
Country
U.S.A.

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Zip
33708
Country
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4. FEI Number
65-1136608

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JUDKOWITZ, HARVEY
Street Address (P.O. Box Number is Not Acceptable)
10220 S.W. 124 ST
City
MIAMI FL Zip Code
33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES.
NAME
MR TZANANI
STREET ADDRESS
17101 GULF BLVD.
CITY-ST-ZIP
N. Redington Beach FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V.P.
NAME
RAFI ZABARI
STREET ADDRESS
17101 GULF BLVD.
CITY-ST-ZIP
N. Redington Beach FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 727-397-9208
Date Daytime Phone #

CR2E034B (12/02)