

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90358 036 \*\*\*150.00

DOCUMENT # P01000112366

1. Entity Name

FREZIN, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2113 Renaissance Blvd

Suite, Apt. #, etc.

105

3. Mailing Address

2113 Renaissance Blvd.

Suite, Apt. #, etc.

105

DO NOT WRITE IN THIS SPACE

City & State

Miramar, Florida

City & State

Miramar, Florida

4. FEI Number

65-1157-307

Applied For

Not Applicable

Zip

33025

Country

USA

Zip

33025

Country

USA

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

MAGDA DOMINIQUE

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

2113 RENAISSANCE BLVD. #105

City

Miramar

FL

Zip Code

33025

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	JEAN NICKSON FREZIN
STREET ADDRESS	2113 Renaissance Blvd #105
CITY- ST- ZIP	Miramar, FL 33025
TITLE	VICE-PRESIDENT
NAME	MAGDA DOMINIQUE
STREET ADDRESS	2113 RENAISSANCE BLVD #105
CITY- ST- ZIP	Miramar, FL 33025
TITLE	
NAME	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Magda Dominique*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 (786) 236-5925  
Date: Daytime Phone #

CR2E034B (12/01)