

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90178 027 ***550.00

DOCUMENT # P01000120773

1. Entity Name
MAZARA CORPORATION

Principal Place of Business
808 BRICKELL KEY DR UNIT 2105
MIAMI FL 33131

Mailing Address
808 BRICKELL KEY DR UNIT 2105
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Hector J. Mir, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2655 Le Jeune Rd., #1107

City & State

City & State

Coral Gables, Florida

4. FEI Number
33-1003583

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIR, HECTOR J
2655 LEJEUNE RD, STE 1107
MIAMI FL 33134

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **STELLUTO, ALFREDO**
 STREET ADDRESS **649 VELARDE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P** ☐ Change ☒ Addition
 NAME **Stelluto, Alfredo**
 STREET ADDRESS **649 Velarde**
 CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE **D** ☐ Delete
 NAME **DE STELLUTO, MARIA VILMA S**
 STREET ADDRESS **649 VILARDE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Change ☒ Addition
 NAME **De Stelluto, Maria Vilma S**
 STREET ADDRESS **649 Velarde**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **A/S** ☐ Change ☒ Addition
 NAME **Hector J. Mir**
 STREET ADDRESS **2655 Le Jeune Rd., #1107**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

CR2E034 (4/02)

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:

SIC

ALFREDO STELLUTO

Hector J. Mir

9/27/02

(305) 444-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #