FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90199 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120849

1. Entity Name
CZ GROUP, INC.

Principal Place of Business	Mailing Address
10255 COLLINS AVE 611 BAL HARBOUR, FL 33154 US	10255 COLLINS AVE 611 BAL HARBOUR, FL 33154 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2880 NE 32ND ST		2880 NE 32ND ST.	
Suite, Apt. #, etc. #8		Suite, Apt. #, etc. #8	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33306	Country U.S.A.	Zip 33306	Country U.S.A.

4. FEI Number **01-0643427** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ZARINI, CESAR A
10255 COLLINS AVE
611
BAL HARBOUR, FL 33154

7. Name and Address of New Registered Agent

Name ZARINI, CESAR A
Street Address (P.O. Box Number Is Not Acceptable)
2880 NE 32ND ST #8
City FORT LAUDERDALE, FL Zip Code 33306

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] CESAR ZARINI 03/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZARINI, CESAR A 10255 COLLINS AVE #611 BAL HARBOUR, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK, UTE 10255 COLLINS AVE #611 BAL HARBOUR, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CESAR A. ZARINI (DIRECTOR) 03/26/03 954-567-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #