	IFORM BUSINE)	Apr 28, 20 Secretary	03 8:0	0 am
DOCUMENT # P02000022971 1. Entity Name GN VAZ ENTERPRISES, INC.					Secretary 04-28-2003 91 42-		
Principal Place of Business 1382 HARVARD CIRCLE #6 MELBOURNE FL 32905 MELBOURNE FL 32905 Mailing Address 1382 HARVARD CIRCLE # MELBOURNE FL 32905			¥6				
2. Principal Place of Business 3. Mailing Address (514 Golden Poppy CT. (514 Golden Poppy CT. ORLANDO - FL - 32824 CRANDO, FL - Suite, Apt. #, etc.			0PPY CT 32824		_		
Suite, Apr.	· · · · · · · · · · · · · · · · · · ·	Solie; Apr., etc.			CHECK HERE IF MAN	KING CHANGES	
City & Stat		City & State >	FL		4. FEI Number 02-0549259		oplied For ot Applicable
Zip 7 8	Country	Zip-32824	Country UJA		5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	<u> </u>			7. Name and Address of New Registe	red Agent	
VAZ, GRA 1382 HAF MELBOUR	Name Grant N Vaz Street Address (P.O. Box Number is Not Acceptable) 1514 GOLDEN POPPY CT						
			City	RLAI	000	FL Zip Code	824
	e named entity submits this statement for tions of registered agent. Jean Delay Seffettion typed or printed name of registered agent a	a ff	registered office of the control of	r registere	ed agent, or both, in the State of Florida. I $\frac{4/2}{2}$	am familiar with,	and accept
					· · · · · · · · · · · · · · · · · · ·		
Afte	ILE.NOWIII_EEE_IS_\$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		<u> </u>	9Election Campaign Financing Trust Fund Contribution.	_ +	O May Be
10.	OFFICERS AND I	DIRECTORS	11.	_	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VAZ, GRANT N 1382 HARVARD CIRCLE #6 MELBOURNE FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITYESTEZIP	451	nt N Vaz 4 Golden Poppy et Ando, fl -32824	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VAZ, GRANT N 1382 HARVARD CIRCLE #6 MELBOURNE FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1514	ia Leda Costa Vaz 4 GOLDEN POPPY CT. LANOO, FL - 32824	🔀 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEEDOSINE 12 SESSO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition
TITLE NAME STREET AODRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition