

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

ATX1

192
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT #	P02000023979
1. Entity Name	<i>2003</i>
BEATRIZ A HAZIM	

DO NOT WRITE IN THIS SPACE

REINSTATEMENT *03*

900025257739
12/05/03--01048--006 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
104 TALAVERA LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KISSIMMEE, FL			
Zip	Country	Zip	Country
34758			

4. FEI Number	Applied For
<i>01-0607382</i>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
BEATRIZ A HAZIM	
Street Address (P.O. Box Number is Not Acceptable)	
104 TALAVERA LANE	
City	Zip Code
KISSIMMEE	34758

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 *Beatriz A. Hazim, Pres.*

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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BEATRIZ A. HAZIM
STREET ADDRESS	104 TALAVERA LANE
CITY-ST-ZIP	KISSIMMEE, FLORIDA 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

Beatriz A. Hazim Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/03 407-922-0473

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October 17, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: BEATRIZ A. HAZIM, P.A.

Gentlemen:

Please accept my check in the amount of \$150.00. I have never received the renewal
application. ²⁰⁰³

Yours truly,

Beatriz Hazim
Beatriz Hazim