

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

DOCUMENT # P02000029973

1. Entity Name

VEZNA, INC.

FILED

04 MAY 18 AM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6993 West 5th Court

3. Mailing Address
6993 West 5th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Florida 330

City & State
Hialeah Florida

4. FEI Number 03-0411409

Applied For
Not Applicable

Zip

Country

Zip

Country

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 NASSAR LISCANO, FATIMA

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

6993 West 5 Court

City

Hialeah

FL

Zip Code 33014

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 DP
NAME NASSAR LISCANO, FATIMA
STREET ADDRESS 6993 West 5th Court
CITY-ST-ZIP Hialeah FL 33014

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STREET ADDRESS
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06/03/04--01038--011 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2004 (305) 362-9135

FLORIDA DEPT. OF STATE
ANNUAL REPORT DEPT.
REF:P02000029973
ATT:EULA PETERSON

I'M SENDING THIS LETTER TO INFORM YOUR OFFICE THAT I NEVER
RECEIVED MY ANNUAL REPORT FORM FOR THIS YEAR AND I SEND YOU A
FORM THAT WAS SEND TO ME BY FAX BY LAZARUS FILING SERVICE.
PLEASE CONSIDER MY PETITION DUE TO I NEVER RECEIVED ANY TYPE OF
NOTICE.

THANKING YOU IN ADVANCE
FATIMA LISCANO NASSAR