

FILED  
Aug 07, 2003 8:00 am  
Secretary of State

7/24/21

07-24-2003 90112 005 \*\*\*150.00

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

DOCUMENT # P02000030131

1. Entity Name

Phaz, Inc.



**DO NOT WRITE IN THIS SPACE**

55053609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
219 Antilla Avenue

3. Mailing Address  
219 Antilla Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

4. FEI Number 41-2033462

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name De Toro, Miriam

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

231 Altara Avenue

City Coral Gables

FL

Zip Code  
33146

**DO NOT WRITE  
IN THIS SPACE**

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 street address.

(NOTE: Registered Agent signature required when re-registering)

DATE

6/23/03

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PD Juarez, Danilo	7810 Painted Daisy Dr.	Springfield, VA 22152
	VD Juarez, Karla	7810 Painted Daisy Dr.	Springfield, VA 22152
	SD Arana, Alida	219 Antilla Avenue #2	Coral Gables, FL 33134

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE  
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: ✓

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 6/24/03

✓ 305-476-5982

CR2034R (12/02)

Attachment

55053609

**PHAZ INC.**

219 Antilla Apt. #2  
Coral Gables, FL 33134  
Phone: 305-476-5982  
e-mail: phazp@aol.com

---

August 4, 2003

Florida Department of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Subject: Annual Report Fee for Phaz, Inc.  
Reference Number: P02000030131

Dear Sirs,

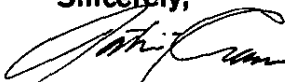
Please be advise, along with the completed form and the check of \$150.00, we attached a letter from the company's accountant verifying that due to our change of address we never received the forms for the annual report.

Our old address was:       **707 Washington Ave. #426**  
                                     **Miami Beach, FL 33139**

Please verify the information provided, along with the previous letter that we sent to you.

Thanks Again,

Sincerely,



Alida Arana  
Secretary  
Phaz, Inc.