## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90218 032 \*\*\*150.00

DOCUMENT # . Entity Name FDZ & FDZ, P.A.	P02000048023	
Principal Place of Business	Mailing Address	

12575 PINE NEEDLE LANE PINECREST FL 33156

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2. Principal Place of Business	3. Mailing Address - P.O. Box 1048
Suite, Apt. #, etc.	Suite, Apt. #, etc.
- City & State	City & State



100	A CONTRACTOR OF THE PROPERTY O	LJ CHECK HERE IF MAKING CHANGES
City & State	City & State	4. FEI Number Applied For
Pingerest Flo	~ Miami H	81-0691442 Not Applicable
33156 Country	33256 Coun	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Addres	ss of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, NANCY		Name Andrews (P.O. Box Number is Not Acceptable)
12575 PINE NEEDLE LANE		97140 - Sw 164 St
PINECREST FL 33156		SUHCIUO

8. The above named entity spomits this statement for the perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

the obligations of regis SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be 9. Election Campaign Financing

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Trust Fund Contribution. Added to Fees

DATE

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NANCY FERNANCE FERNANDEZ, NANCY NAME NAME Sw LOYTH St 12575 PINE NEEDLE LANE STREET ADDRESS STREET ADDRESS PINECREST FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change ☐ Addition FERNANDEZ, WILLIAM NAME NAME 7740 SW 1044 STREET ADDRESS 12575 PINE NEEDLE LANE STREET ADDRESS CITY-ST-ZIP PINECREST FL 33156. CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE THIF NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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

**SIGNATURE:**