

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90121 005 ***150.00

DOCUMENT # P02000085228

1. Entity Name
MARZ, INC.



Principal Place of Business
101 ANTIQUERA AVE., #4
CORAL GABLES FL 33134

Mailing Address
101 ANTIQUERA AVE., #4
CORAL GABLES FL 33134

2. Principal Place of Business
3031 NW 22 Ct
Suite, Apt. #, etc.

3. Mailing Address
3031 NW 22 Ct
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33142 **Country** USA

Zip 33142 **Country** USA

4. FEI Number
52-237-0379

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GONZALEZ, MARIO F
101 ANTIQUERA AVE., #4
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name MARIO F. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
3031 NW 22 Ct

City MIAMI **FL** **Zip Code** 33142

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 *Mario Gonzalez* **MARIO GONZALEZ** **2/24/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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-ST-ZIP	<input type="checkbox"/> Delete
D	GONZALEZ, MARIO F	101 ANTIQUERA AVE., #4	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	MARIO F. GONZALEZ	3031 NW 22 Ct	MIAMI FL 33142	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *MARIO GONZALEZ* **MARIO GONZALEZ** **2/24/03** **(305)633-0008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)