


# 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

<b>DOCUMENT #</b> P02000085228	
<b>1. Entity Name</b> MARZ, INC.	

<b>Principal Place of Business</b> 101 ANTIQUERA AVE., #4 CORAL GABLES FL 33134	<b>Mailing Address</b> 101 ANTIQUERA AVE., #4 CORAL GABLES FL 33134
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<b>2. Principal Place of Business</b> 3031 NW 22 CT	<b>3. Mailing Address</b> 3031 NW 22 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL
<b>Zip</b> 33142	<b>Country</b> USA
<b>Zip</b> 33142	<b>Country</b> USA



☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> GONZALEZ, MARIO F 101 ANTIQUERA AVE., #4 CORAL GABLES FL 33134	<b>7. Name and Address of New Registered Agent</b> Name: MARIO F. GONZALEZ Street Address (P.O. Box Number is Not Acceptable): 3031 NW 22 CT City: MIAMI FL Zip Code: 33142
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIO F 101 ANTIQUERA AVE., #4 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIO F. GONZALEZ 3031 NW 22 CT MIAMI FL 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** SIGNATURE REQUIRED 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)