


# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90201 046 \*\*\*150.00

DOCUMENT # <b>P04000158139</b>	
1. Entity Name <b>BAZ BROTHERS, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>160 E. HILLSBORD BLVD.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DEERFIELD BEACH</b>	City & State
Zip <b>33441</b>	Country <b>USA</b>

4. FEI Number <b>20-1999672</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	
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7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 <b>Nabil B Radwan</b>	DATE <b>5/12/05</b>

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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <b>PSD</b>	NAME <b>NABIL RADWAN</b>	TITLE	NAME
STREET ADDRESS <b>160 E. HILLSBORD BLVD</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <b>VTD</b>	NAME <b>NADIM RADWAN</b>	TITLE	NAME
STREET ADDRESS <b>160 E HILLSBORD BLVD</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>DEERFIELD BEACH FL-33441</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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**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.			
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SIGNATURE: <b>Nabil B Radwan</b>	DATE: <b>5/12/05</b>	PHONE: <b>(954) 424-8858</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>NABIL RADWAN, PRESIDENT</b>		