

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90150 018 ***150.00

DOCUMENT # P93000015387

1. Entity Name
BZ MARKETING CORP.



Principal Place of Business
**9201 SUNRISE LAKES BVD
#305
SUNRISE FL 33322**

Mailing Address
**9201 SUNRISE LAKES BVD
#305
SUNRISE FL 33322**

2. Principal Place of Business
12371 NW 78th MANOR
Suite, Apt. #, etc.

3. Mailing Address
12371 NW 78th MANOR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PARKLAND, FL
Zip
33076 Country
USA

City & State
PARKLAND, FLORIDA
Zip
33076 Country
USA

4. FEI Number **65-0412412** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAND, MAX M
9201 SUNRISE LAKES BVD
#305
SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name
ZAND MAX M
Street Address (P.O. Box Number is Not Acceptable)
12371 NW 78th MANOR
City
PARKLAND FL Zip Code
33076

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
April 16/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZAND, MAX M 9201 SUNRISE LAKES BLVD #305 SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ZAND, GOLDIE 9201 SUNRISE LAKES BLVD #305 SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
April 16/03 954-753-3668
Daytime Phone #

CR2E034 (10/02)