

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009722

1. Entity Name
M.Z. DESIGN, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90146 039 ***150.00

Principal Place of Business

Mailing Address

~~1460 BRICKELL AVE #101~~
~~MIAMI FL 33131~~
~~US~~

~~1460 BRICKELL AVE #101~~
~~MIAMI FL 33131-3408~~
~~US~~

2. Principal Place of Business

104 Crandon Blvd.

3. Mailing Address

104 Crandon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

404

404

City & State

City & State

Key Biscayne

Key Biscayne

Zip

Zip

33149

33149

Country

Country

Florida

Florida

6. Name and Address of Current Registered Agent

4. FEI Number

65-0467693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

Name

MYRIAM ZANGEN ROJAS

Street Address (P.O. Box Number is Not Acceptable)

104 Crandon Blvd. Ste. 404-422

City

Key Biscayne

FL

Zip Code

33149

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.

SIGNATURE

Myriam Rojas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ZANGEN, MYRIAM	
STREET ADDRESS	101 CRANDON BLVD #368	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	ZANGEN, ALEX	
STREET ADDRESS	101 CRANDON BLVD #368	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRIAM ROJAS	
STREET ADDRESS	251 Crandon Blvd #207	
CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myriam Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

Daytime Phone #