

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039630

1. Entity Name
JAZID, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90036 033 ***150.00

Principal Place of Business: 200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

Mailing Address: 200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131-2303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1342 WASHINGTON AVE
Suite, Apt. #, etc.:
City & State: MIAMI BEACH, FL
Zip: 33139 Country: US

3. Mailing Address: 3899 NW 7TH ST
Suite, Apt. #, etc.: Suite 203
City & State: MIAMI FL
Zip: 33126 Country: US

4. FEI Number: 65-0663388 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: SALUSCCHIA, PIERO
200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

7. Name and Address of New Registered Agent: Name: JACOB E. NAE
Street Address (P.O. Box Number is Not Acceptable): 3899 NW 7TH ST Suite 203
City: MIAMI FL Zip Code: 33126

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZOLI, CESARE		NAME		
STREET ADDRESS	1342 WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)