

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000059669****1. Entity Name**
AZNA, INC.**Principal Place of Business**
2209 N STATE ROAD 7
HOLLYWOOD FL 33021**Mailing Address**
2209 N STATE ROAD 7
HOLLYWOOD FL 33021**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0669307

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**~~BRICKEL, JILL H.C.P.A.~~
BRICKEL & CO, P.A.
20533 BISCAYNE BAY BLVD, STE. 532
AVENTURA FL 33180

Name

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

2600 N. Military Trail, Ste 290
City Boca Raton FL Zip Code 33431**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, 2001 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 SD ☐ Delete
NAME SANTANA, BENJAMIN
STREET ADDRESS 5551 SW 40 AVE
CITY-ST-ZIP FT LAUDERDALE FLTITLE S,VP,D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PDT ☐ Delete
NAME HASTINGS, RONALD B
STREET ADDRESS 700 N 72ND WAY
CITY-ST-ZIP HOLLYWOOD FL 33024TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3431 N. 72nd Way
CITY-ST-ZIP HOLLYWOOD, FL. 33024TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

RONALD B. HASTINGS
Ronald B. Hastings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-01

Date

954-961-8335

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)