

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90020 009 \*\*\*150.00

**DOCUMENT # P97000028671**

1. Entity Name

**A-ZETA INTERNATIONAL, CORP.**

Principal Place of Business

**10160 COLLINS AVENUE  
 APT #302  
 MIAMI BEACH FL 33154**

Mailing Address

**10160 COLLINS AVENUE  
 APT #302  
 MIAMI BEACH FL 33154-1657**

2. Principal Place of Business

**1676 James Ave**

Suite, Apt. #, etc.  
**Apt #207**

City & State  
**Miami, Beach, Fl.**

Zip  
**33139**

Country  
**Dade-County**

3. Mailing Address

**C/O Osvaldo Navarro CPA  
 550 NW Le Jeune Road**

Suite, Apt. #, etc.  
**Suite #222**

City & State  
**Miami, Fl. 33126**

Zip  
**33126-5671**

Country  
**Dade-County**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0851347**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HENZE, FEDERICO  
 10160 COLLINS AVENUE  
 APT #302  
 MIAMI BEACH FL 33154**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1676 James Ave**

**Apt #207**

City  
**Miami Beach**

**FL**

Zip Code  
**33139**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENZE, FEDERICO</b> <b>10160 COLLINS AVENUE #302</b> <b>MIAMI BEACH FL 33154</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDEMBERG-HENZE, MONICA E</b> <b>10160 COLLINS AVENUE #302</b> <b>MIAMI BEACH FL 33154</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1676 James Ave #207</b> <b>Miami Beach, Fl 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1676 James Ave #207</b> <b>Miami Beach, Fl. 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**3/13/2000**

Date

Daytime Phone # \_\_\_\_\_

CR2PF034 (9/99)