

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000032804**1. Entity Name  
PAZZO, INC.**Principal Place of Business**

1501 HALLANDALE BEACH BLVD.

HALLANDALE

33009

FL

US

**Mailing Address**

1925 BRICKELL AVE.

SUITE D-206

MIAMI

33129

FL

US

**2. Principal Place of Business**

2032 HARRISON STREET

**3. Mailing Address**

2032 HARRISON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

HOLLYWOOD

FL

**City & State**

HOLLYWOOD

FL

**Zip**

33020

**Country**

US

**Zip**

33020

**Country**

US

**4. FEI Number**

65-0744994

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**

BESU ROGER

1925 BRICKELL AVENUE

SUITE D-206

MIAMI

33129

US

FL

**7. Name and Address of New Registered Agent****Name**

ROGER BESOS

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

1925 BRICKELL AVENUE

SUITE D-206

**City**

MIAMI

FL

**Zip Code**

33129

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 **ROGER BESU**

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

(NOTE: Registered Agent signature required when reinstating)

**05/02/2001**

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**

TITLE	ST	<input type="checkbox"/> Delete
NAME	NADAL JENNIFER	
STREET ADDRESS	1501 HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORBO CHRISTINE	
STREET ADDRESS	1501 HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBO JENNIFER	
STREET ADDRESS	2032 VAN BUREN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBO CHRISTINE	
STREET ADDRESS	2020 VAN BUREN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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: **CHRISTINE CORBO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

05/02/2001

Date

Daytime Phone #

CR2E034 (11/00)