

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90021 013 ***150.00

DOCUMENT # P97000052913

1. Entity Name
OZROC RESOURCES, INC.

Principal Place of Business
9220 CALUSA CLUB DRIVE WEST
MIAMI FL 33186

Mailing Address
9220 CALUSA CLUB DRIVE WEST
MIAMI FL 33186

2. Principal Place of Business
10040 E. CALUSA CLUB DR.

3. Mailing Address
SACAB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number **65-0836493**

Applied For
 Not Applicable

Zip
33186

Country
MIAMI-DAB

Zip

Country

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

6. Name and Address of Current Registered Agent

DWYER, MICHAEL W
5965 SOUTHWEST 8TH STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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
P
 NAME
CORZO, MARIA
 STREET ADDRESS
9220 CALUSA CLUB DRIVE WEST
 CITY-ST-ZIP
MIAMI FL 33186

☐ Delete

TITLE
V
 NAME
CORZO, ERNEST
 STREET ADDRESS
9220 CALUSA CLUB DRIVE WEST
 CITY-ST-ZIP
MIAMI FL 33186

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ 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: *S. Maria Corzo* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

305 3870545

Date

Daytime Phone #

CR2E034 (9/01)