

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P97000096268

1. Entity Name

MAZUN, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90095 035 \*\*\*150.00

Principal Place of Business 7850 BYRON AVENUE #907 MIAMI BEACH FL 33141	Mailing Address 7850 BYRON AVENUE #907 MIAMI BEACH FL 33141-2083
---	--

2. Principal Place of Business 7850 BYRON AVENUE Suite, Apt. #, etc. 1007	3. Mailing Address c/o Manny Figueroa, C.P.A. Suite, Apt. #, etc. 308 Alhambra Circle
--	--



DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FLORIDA	City & State Coral Gables, FL 33134-5004
Zip 33141	Country U.S.A.

4. FEI Number 65-0796108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLOD, CRISTINA  
7850 BYRON AVENUE #907  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name  
HOLOD, CRISTINA C/O MANNY FIGUEROA, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
308 ALHAMBRA CIRCLE  
City  
CORAL GABLES, FL Zip Code  
33134-5004

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 (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLOD, CRISTINA 7850 BYRON AVENUE #907 MIAMI BEACH FL 33141	<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
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	D HOLOD, CRISTINA C/O MANNY FIGUEROA, C.P.A. 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004	<input checked="" 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
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

31/3/2000 305-446-1120  
Date Daytime Phone #

CR2E034 (9/99)