

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90144 022 ***150.00

DOCUMENT # P98000018653

1. Entity Name

DAZZLING INTERNATIONAL, INC.

Principal Place of Business

**640 SOUTH WASHINGTON BLVD. #175
SARASOTA FL 34236**

Mailing Address

**640 SOUTH WASHINGTON BLVD. #175
SARASOTA FL 34236**

2. Principal Place of Business

4910 S. Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address

4910 S. Tamiami Trail
Suite, Apt. #, etc.

City & State

Sarasota, FL
Zip **34231** Country **USA**

City & State

Sarasota, FL
Zip **34231** Country **USA**4. FEI Number **65-0817907**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHOKR, ALI
640 SOUTH WASHINGTON BLVD. #175
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Ali Chokr

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

4910 S. Tamiami Trail

City

Sarasota

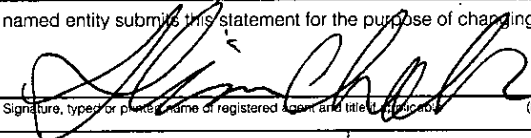
FL

Zip Code

34231

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)

4/10/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHOKR, ALI**
STREET ADDRESS **640 SOUTH WASHINGTON BLVD. #175**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Ali Chokr**
STREET ADDRESS **4910 S. Tamiami Trail**
CITY-ST-ZIP **Sarasota, FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

(941) 921-4016

CR2E034 (10/00)