

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2000 8:00 am**
Secretary of State

03-29-2000 90035 004 ***150.00

DOCUMENT # P98000026616

1. Entity Name

OZI, INC.

Principal Place of Business

Mailing Address

**3015 NW 79 ST.
MIAMI FL 33147****326 POINCIANA ISLAND
MIAMI BEACH FL 33160-4523**

2. Principal Place of Business

3399 N.W. 72 Ave

3. Mailing Address

Suite, Apt. #, etc.

129

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33122

Country

Zip

Country

4. FEI Number

65-0826943

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ASHKENAZI, ABRAHAM
326 POINCIANA ISLAND
MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

ABRAHAM ASHKENAZI

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

3030 N.W. 79th Street

City

MIAMI, FL.**FL**

Zip Code

33147

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **ASHJENAZI, ABRAHAM**
CITY-ST-ZIP **326 POINCIANA ISLAND**
MIAMI BEACH FL 33160TITLE ☐ 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 ☐ 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-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:

S. ASHKENAZI PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**03/23/00**
Date**(305) 836-6099**
Daytime Phone #

CR2E034 (9/99)