

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059041

1. Entity Name

BREEZES INTERNATIONAL CORP.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90299 033 ***150.00

Principal Place of Business

300 NE 188TH ST
N MIAMI BEACH FL 33160
US

Mailing Address

300 NE 188TH ST
N MIAMI BEACH FL 33160-2411
US

2. Principal Place of Business

777 NW 72nd AVE

Suite, Apt. #, etc.

2M15

City & State

MIAMI, FL

Zip

33126

Country

U.S.A

3. Mailing Address

777 NW 72nd AVE

Suite, Apt. #, etc.

2M15

City & State

MIAMI, FL

Zip

33126

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0847759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, LIOUBOV
300 NE 188TH ST
N MIAMI BEACH FL 33160

Name

OUAKNINE GILBERT

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

777 NW 72nd AVE. Suite 2M15

City

MIAMI

FL

Zip Code

33126

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 re-registering)

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FELDMAN, LIOUBOV	
STREET ADDRESS	300 NE 188TH ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN LIOUBOV	
STREET ADDRESS	300 NE 188TH ST	
CITY-ST-ZIP	N MIAMI BEACH, FL 33160	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUAKNINE GILBERT	
STREET ADDRESS	777 NW 72nd AVE Suite 2M15	
CITY-ST-ZIP	MIAMI, FL 33126	
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: LIOUBOV FELDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 19/2000 305-267-8836

Date

Daytime Phone #