

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 031 ***150.00

DOCUMENT # P99000023421

1. Entity Name

GAZAN DESIGNS CORP

Principal Place of Business

444 BRICKELL AVENUE
 SUITE 300, MIAMI, FL
 33131

Mailing Address

444 BRICKELL AVE
 SUITE 300, MIAMI
 FL 33131

2. Principal Place of Business

1511 N 70 AVENUE

3. Mailing Address

1511 N 70 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 HOLLYWOOD

City & State
 HOLLYWOOD

4. FEI Number

65-0944822

Applied For
 Not Applicable

Zip 33024

Country USA

Zip 33024

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

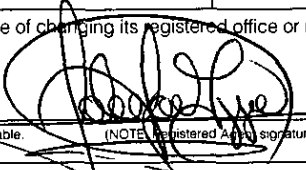
CORRIGAN, JOHN P
 444 BRICKELL AVENUE, SUITE 300
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name GAZIA, JOHN JAIRO
 Street Address (P.O. Box Number is Not Acceptable)
 1511 N 70 AVE
 City HOLLYWOOD FL Zip Code 33024

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 PTD GAZIA, JOHN JAIRO



04/22/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$64.25 \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

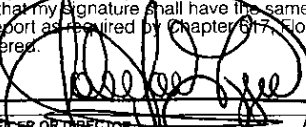
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GAZIA, JOHN JAIRO	
STREET ADDRESS	1511 N 70 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GAZIA, MARCELA ANGEL	
STREET ADDRESS	1511 N 70 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAZIA, JOHN JAIRO



04/22/00 (407) 8164727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)