

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90026 048 ***150.00

714053

DOCUMENT # P99000028165
 1. Entity Name **KRAZIEM PROPERTIES, CORP.**

Principal Place of Business **8205 NW 30 TERR. MIAMI FL. 33122**
 Mailing Address **8205 NW 30 TERR. MIA FL 33122**

2. Principal Place of Business **9495 SUNSET DRV. B-230**
 3. Mailing Address **9421 SW 140 ST.**
 Suite, Apt. #, etc.

City & State **MIAMI FL** City & State **MIAMI FL**
 Zip **33173** Country **USA** Zip **33176** Country **USA**

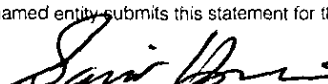
4. FEI Number **65-0907043**
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SAMIR KRAZIEM
9421 SW 140 ST.
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name **SAMIR KRAZIEM**
 Street Address (P.O. Box Number is Not Acceptable)
9421 SW 140 ST.
 City **MIAMI** FL Zip Code **33176**

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  DATE **2/19/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE PST NAME KRAZIEM, SAMIR STREET ADDRESS 8205 NW 30 TERR CITY-ST-ZIP MIA FL 33122	<input type="checkbox"/> Delete
TITLE VPO NAME KRAZIEM, SAMIR STREET ADDRESS 8205 NW 30 TERR CITY-ST-ZIP MIA FL 33122	<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 VPT NAME KRAZIEM SAMIR STREET ADDRESS 9421 SW 140 ST. CITY-ST-ZIP MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PS NAME SUEIRAS, ALBERT STREET ADDRESS 9941 SW 129 ST. CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" 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:  DATE **1/24/00** DAYTIME PHONE # **(305) 279-7655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR