

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90038 005 \*\*\*150.00

AV  
 100728

DOCUMENT # **P99000055188**

1. Entity Name  
**ORMASA INTERNATIONAL CORP.**

Principal Place of Business  
**777 NW 72ND AVENUE**  
**SUITE 1CC28**  
**MIAMI FL 33126**

Mailing Address  
**777 NW 72ND AVENUE**  
**SUITE 1CC28**  
**MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**777 NW 72 AV.**  
 Suite, Apt. #, etc.  
**SUITE 1CC60**  
 City & State  
**MIAMI, FL**

3. Mailing Address  
**777 NW 72 AV.**  
 Suite, Apt. #, etc.  
**SUITE 1CC60**  
 City & State  
**MIAMI, FL**

4. FEI Number **65-0929529**  
 Applied For   
 Not Applicable

Zip **33126** Country **DADE** Zip **33126** Country **DADE.**

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

6. Name and Address of Current Registered Agent  
**TAZOE, MARIA D**  
**9421 FONTAINEBLEAU BLVD.**  
**#104**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name **TAZOE, MARIA DEL CARMEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**777 N.W. 72 AV. #1CC60**  
 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 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VP SANZ, ORLANDO 9421 FONTAINEBLEAU BLVD #104 MIAMI FL 33172 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANZ, ORLANDO 777 NW 72 AV. SUITE 1CC60 MIAMI, FL 33126
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
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: **X** *[Signature]* **MARIA DEL CARMEN TAZOE**  
 (PRESIDENT) (786) 388-9010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)