

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90094 032 \*\*\*150.00

0093204 AV

**DOCUMENT # P99000055466**

1. Entity Name  
**BREEZE INT'L, INC.**



Principal Place of Business  
**13018 GUNN HIGHWAY  
ODESSA FL 33556**

Mailing Address  
**13018 GUNN HIGHWAY  
ODESSA FL 33556**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0927607**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LIMONIUS, PAUL D 13018 GUNN HIGHWAY ODESSA FL 33556</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*

*80147169*

*# P99000055466*

Uniform Business Report  
Div. of Corporations

To the good people that work with the Div. of corporations, please accept my apologies for not filing earlier, I've been away for the past 6 mos. due to a critical situation with my family out of state, and the individual with whom I entrusted to collect my mail and take care of matters for me in my absence, claimed that they didn't receive the filing paperwork (I wasn't here so I don't know) . Although I've yet to conduct any business with this corporation since it's inception (due to lack of the proper funds), I'd like to think that maybe I could do something with it before the end of the year, so I'm respectfully asking if you'd please accept my filing fee payment of \$150.00 it's all I can afford . Thank you so much in advance for your time and understanding , and I apologize again for any trouble this has caused you .

Sincerely  
P.Limonius  
Breeze Int'l