

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070120

1. Entity Name

EZARRO STUDIOS INTERNATIONAL, INC.

Principal Place of Business

918 ORANGE AVE. SUITE B  
WINTER PARK FL 32789

Mailing Address

918 ORANGE AVE. SUITE B  
WINTER PARK FL 32789-4707

2. Principal Place of Business

101 Golden Days Dr

3. Mailing Address

P.O. Box 180804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Casselberry FL

City & State  
Casselberry FL

Zip  
32707

Country  
US

Zip  
32718

Country  
US

4. FEI Number  
59-359-1725

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NISI, FRANK P JR  
918 ORANGE AVE, SUITE B  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name  
Frank P. Nisi Jr.

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

2003 Lake Howell Lane, Suite 101

City  
Maitland

FL

Zip Code  
32751

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 *Frank P. Nisi Jr.*

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CANNIZARO, PETER 101 GOLDEN DAYS DR CASSELBERRY FL 32707	<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	<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
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:

*Peter A. Cannizzaro*

Peter A. Cannizzaro

Date

Daytime Phone #

4/20/00  
407)834-5639



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)