

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070120

1. Entity Name

EZARRO STUDIOS INTERNATIONAL, INC.

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90028 003 ***150.00

Principal Place of Business

Mailing Address

101 GOLDEN DAYS DR
CASSELBERRY FL 32707

PO BOX 180804
CASSELBERRY FL 32718

2. Principal Place of Business

250 National Place #132

3. Mailing Address

2624 Brecca Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

132

City & State

City & State

Longwood, Florida

Apopka, Florida

Zip

Country

Zip

Country

32750

USA

32712

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANNIZARO, PETER
101 GOLDEN DAYS DR
CASSELBERRY FL 32707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De/Time Phone #

3/22/01 407/834-5639

0474314

CR2E034 (10/00)