


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90120 004 ***150.00

DOCUMENT # <u>P99000083333</u>	
1. Entity Name <u>Cazi International, Inc</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1619 Rankin Ave</u>	3. Mailing Address <u>1619 Rankin Ave</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Orlando, FLA.</u>	City & State <u>Orlando FL</u>	4. FET Number <u>59-3601342</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32810</u>	Country <u>USA</u>	Zip <u>32810</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Robert Castro</u>	
Street Address (P.O. Box Numbers Not Acceptable) <u>1619 Rankin Ave</u>	
City <u>Orlando</u>	State <u>FL</u>
Zip Code <u>32810</u>	

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 Robert Castro

DATE 4/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

<table border="1" style="width:100%"> <tr><td>TITLE</td><td><u>Pres.</u></td></tr> <tr><td>NAME</td><td><u>Robert Castro</u></td></tr> <tr><td>STREET ADDRESS</td><td><u>1619 Rankin Ave</u></td></tr> <tr><td>CITY-ST-ZIP</td><td><u>Orlando, FL 32810</u></td></tr> <tr><td>TITLE</td><td><u>VP</u></td></tr> <tr><td>NAME</td><td><u>Ronald Zetzi</u></td></tr> <tr><td>STREET ADDRESS</td><td><u>1781 Semoran Blvd</u></td></tr> <tr><td>CITY-ST-ZIP</td><td><u>Winter Park FL 32792</u></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE	<u>Pres.</u>	NAME	<u>Robert Castro</u>	STREET ADDRESS	<u>1619 Rankin Ave</u>	CITY-ST-ZIP	<u>Orlando, FL 32810</u>	TITLE	<u>VP</u>	NAME	<u>Ronald Zetzi</u>	STREET ADDRESS	<u>1781 Semoran Blvd</u>	CITY-ST-ZIP	<u>Winter Park FL 32792</u>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/7/03

DAYTIME PHONE # 407 678 6789

CR2E034B (12/02)