

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90076 029 ***150.00

DOCUMENT # S19142



1. Entity Name
MZ STOCKBRIDGE, INC.

Principal Place of Business
**6557 NW 32ND TERRACE
BOCA RATON FL 33496**

Mailing Address
**6557 NW 32ND TERRACE
BOCA RATON FL 33496**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0241367**

Applied For -
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZHETLIN, MICHAEL
6557 NW 32ND TERRACE
BOCA RATON FL 33496**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PTS ZHEUTLIN, MICHAEL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6557 NW 32ND TERRACE | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE NAME | D ZHEUTLIN, MICHAEL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6557 NW 32ND TERRACE | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Zhetlin* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03
Date

561 997 9067
Daytime Phone #

CR2E034 (10/02)