2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #594449

FILED
00 OCT 16 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
C&Z ENTERPRISES GROUP INC.
7226 N.W 56TH STREET

Principal Place of Business: 7226 N.W 56TH STREET, MIAMI - FLORIDA 33166
Mailing Address:

07/10/2000 90016.018 $150.00

2. Principal Place of Business	3. Mailing Address
7226 NW 56TH STREET	SAME.-
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State:
Zip: 33166 Country: USA	Zip: Country:

4. FEI Number: 65-0295146 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Martha Zambrano
7226 NW 56th street
Miami - FL. 33166

7. Name and Address of New Registered Agent
Name: Martha Zambrano
Street Address (P.O. Box Number Is Not Acceptable): 7226 NW 56th Street
City: Miami FL Zip Code: 33166

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: Martha
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTHA ZAMBRANO PRESIDENT 7226 NW 56th Street Miami, Fl. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Martha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (305) 889-1866 Daytime Phone #