

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90470 018 ***150.00

DOCUMENT # S94449

1. Entity Name
C&Z ENTERPRISES GROUP INC.
7226 NW 56 STREET
MIAMI FL. 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7226 NW 56 STREET
Suite, Apt. #, etc.

3. Mailing Address
7226 NW 56 STREET
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
650295146

Applied For
Not Applicable

Zip Country
33166

Zip Country
33166

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARTHA ZAMBRANO

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

4988 SW 168 AVENUE

City **MIRAMAR** **FL** Zip Code **33027**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENTE
NAME
martha Zambrano
STREET ADDRESS
4988 SW 168 Avenue
CITY-ST-ZIP
MIRAMAR FL. 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA ZAMBRANO

04-08-2002

Date

Daytime Phone #

CR2E034B (12/01)