2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90119 012 ***150.00

DOCUMENT # F93000002870

1. Entity Name
MABRIZ CORP.

Principal Place of Business	Mailing Address
% JOSEPH AND KOPPEL 60 EAST 42ND STREET. SUITE 1115 NEW YORK NY 10165	% JOSEPH AND KOPPEL 60 EAST 42ND STREET. SUITE 1115 NEW YORK NY 10165

☐ CHECK HERE IF MAKING CHANGES

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 13-3587651 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 / STREET ADDRESS / CITY-ST-ZIP	DCP BROUSSE, ERIC 60 E. 42ND ST. SUITE 1115 NEW YORK NY 10165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GAINZA, DANIEL 60 E 42 ST SUITE 1115 NEW YORK, NY 10165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KESSLER, BARRY 60 EAST 42ND STREET, SUITE 1115 NEW YORK NY 10165-0095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS KESSLER, BARRY SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KOPPEL, RICHARD 60 EAST 42ND STREET, SUITE 1115 NEW YORK NY 10165-0095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SURVILLE, HUBERT 60 EAST 42 ST, STE 1115 NEW YORK NY 10165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT SURVILLE, HUBERT SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BOUCHARD T~~ BOUCHARD, FREDERIC 60 E 42 ST, SUITE 1115 NEW YORK NY 10165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRENARD, AGNES 60 E 42 ST SUITE 1115 NEW YORK NY 10165	☐ Change ☒ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED Barry Kessler 4/28/03 2126871466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #