

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08498289
Filing Number: 2110253792599
Filing Date/Time: 10/25/2021 02:57 PM
Effective Date/Time: 10/25/2021 02:57 PM



1. CORPORATION NAME:

Baz VA Mission

DUE DATE: 010/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

JULIE BAZ
3513 SALE DR
VIRGINIA BEACH, VA 23464-0000

SCC ID NO.: 0849828-9

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

810-VIRGINIA BEACH CITY

4. STATE OR COUNTRY OF INCORPORATION:

VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 3513 Sale Dr	ADDRESS:
CITY/ST/ZIP Virginia Beach, VA 23464-	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JULIE BAZ TITLE: <i>president</i> ADDRESS: 3513 SALE DRIVE CITY/ST/ZIP: VIRGINIA BEACH, VA 23464-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Julie BAZ
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Julie BAZ President
PRINTED NAME AND CORPORATE TITLE

10/21/21 *JB*
9/30/2021
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Baz VA Mission

DUE DATE: 010/31/21
SCC ID NO.: 0849828-9

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Julie Baz TITLE: ADDRESS: 3513 Sale Drive CITY/ST/ZIP: Virginia Beach, VA 23464-</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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