FILED Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90039 020 ***150.00 **=** :::::::: **=** i6₹11 24:2 | 1-4:2 | 1-4:2 **=** x:...

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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # L77297

R & Z VENTURES, INC.

Dringing Diago of Business

SIGNATURE:

1. Entity Name

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1300 SW 1ST CT Pompano BCH FL 33069 US		1300 SW 1ST CT POMPANO BCH FL 33069 US			ពណ៌	12731	
				1			
2. Principal Place of Business		3. Mailing Address		7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	Number 65-0205116	 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Cert	tificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current		7. Name and Address of New Registered Agent				
LESTER, PAUL, A 200 SOUTH BISCAYNE BLVD. SUITE 2100 MIAMI FL 33131							
8. The above	named entity submits this statement fo	4				DATE	
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St.		ate	10. Election Campaign Financ Trust Fund Contribution.	☐ Added	O May Be to Fees
11.	OFFICERS AND		12.	ADDIT	IONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEBERG, LEN 1300 SW 1ST CT POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ZUKERMAN, ED 1300 SW 1ST CT POMPAO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	er ungeringen med eithjelme er unger	Delete	NAME STREET ADDRESS CITY-ST-ZIP	٠		Change	Addition _
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with arreddress, v	true and accurate and that rewered to execute this report	ny signature shall have the as required by Chapter 60	same lea:	al effect as if made under oath	n; that I am an officer opears in Block 11 or	or director