2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90028 043 ***150.00

DOCUMENT # M13741

1. Entity Name
~~C.Z. PAYMENTS, INC.~~ Payroll Associates, Inc ✓
N/C 1/1/02 (TM)

Principal Place of Business	Mailing Address
9900 STIRLING RD.. SUITE 201 COOPER CITY FL 33024	9900 STIRLING RD.. SUITE 201 COOPER CITY FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12555 Orange Dr.			
Suite, Apt. #, etc. 124		Suite, Apt. #, etc. Same	
City & State Davie FL		City & State	
Zip 33330	Country USA	Zip	Country

4. FEI Number 59-2514842 ☐ 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
LIPSCHITZ, PAMELA 9900 STIRLING RD., SUITE 201 COOPER CITY FL 33024	Name Pamela Lipschitz Street Address (P.O. Box Number is Not Acceptable) 12555 Orange Dr Suite 124 City Davie **FL** Zip Code 33330

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] 1/17/02
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, 2002 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	DV ZIMET, CONNIE 827 NW 79 TERR PLANTATION FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPSCHITZ, PAMELA 11071 MINNEAPOLIS DR COOPER CITY FL 33026	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/17/02 954 476-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)