2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060526

1. Entity Name

ZING INTERNATIONAL, INC.

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90113 013 ***150.00

Principal Place of Business	Mailing Address
201 NO FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	201 NO FEDERAL HIGHWAY DEERFIELD BEACH FL 33441-3625

DO NOT WRITE IN THIS SPACE

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 65-0098479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NECELA, FRANK E
201 NO FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

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.

SIGNATURE Janet M. Necela DATE 2/11/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NECELA, FRANK E		NAME		
STREET ADDRESS	201 NO FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NECELA, JANET M		NAME		
STREET ADDRESS	201 NO FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Janet M. Necela 2/01/2000 954-421-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOC# P96000060526 DR-601C R. 01/00
103838

Important Information Required

1. If this is your first time filing an Intangible Tax Return, please complete the following:
   Date of incorporation .....
   Date you began business in Florida — Month Day Year — Example: 0 6 1 0 1 9 9 9

2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

   Previous FEIN ____ New FEIN ____

   Filing Status
   - ☐ Fiduciary
   - ☐ Affiliated Group of Corporations (Must Submit List, See Page 10)
   - ☐ Partnership
   - ☐ Corporation
   - ☐ Final Return
   - ☐ Information Return Only (Filed Under SSN_____)
   - ☐ Trustee

3. If your name-mailing address has changed or is incorrect, please complete the following:
   Name of Taxpayers
   Attention or In Care of
   New Address
   City State ZIP
   Telephone Number ____ Signature ____

Accounts Receivable Worksheet	**Total Accounts Receivable**	**Result**
14. Accounts Receivable Enter result on Schedule A, Line 1.	$ 4930 x .3333 =	$ 1643

Tax Calculation Worksheet	A. Fiduciaries, Corporations, Partnerships, & Affiliated Groups	B. Charitable Trusts (see exemptions)
A. Enter Amount from Line 6	1643	
B. Tax Rate	X .0015	X .0015
15. Tax Due (Enter on Schedule A, Line 7)	15A. 2.5	15B.

Tax Credit Worksheet (see Instructions, page 6)		
A. Intangible Tax Paid to Another State (see Instructions) Identify State:	A.	
B. Cleanup of Contaminated Dry-Cleaning Sites (if credit not taken on F-1120 or F-1120A)	B.	
16. Total Credit (Line A plus Line B). Enter on Schedule A, Line 8	16.	

Information Notices

(If none of the boxes below are applicable, disregard this section.)

Check the appropriate box below: **(see information notices on page 9 of the Instructions)**

1. ☐ We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter.
2. ☐ We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. A copy of the value notice is included with this return.
3. ☐ We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return.
4. ☐ We hereby certify this corporation has no Florida stockholders.

Note: If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value reported for the company's shares is a reasonable market value. **Book value alone is generally NOT a good estimate for market value.**

Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.
State law requires a service fee for returned checks or drafts of $15.00 or 5% of the face amount, whichever is greater, not to exceed $150.00 [s. 215.34(2), F.S.].

Do you want a personalized package? (front of coupon)
Many taxpayers and preparers prefer to use Department-approved software to generate returns. Use of computer generated forms is high, therefore the Department does not automatically mail forms. *Do you want a forms package mailed to you?*

Note: Even if you check the box on the front of the coupon that you do not want a package, you still may receive one [illegible] and phone in your request.

R. 01/00

00000003010030150365009847 90

Name ZING INTERNATIONAL INC
Address 201 N FEDERAL HWY
Address
City/State/ZIP DEERFIELD BEACH, FL 33441-3625

Doc# P96000060526

Use black ink. Example A - Handwritten 0 1 2 3 4 5 6 7 8 9 Example B - Typed 0123456789

DOR Use Only 103838

L 650098479 FEIN

Filing Status (Mark "X" in one box only): Fiduciary | Corporation | Partnership | Affiliated Group of Corps | Charitable Trust | Information Return Only

Check here if: Filing Status Changed (see back of return) | Address Changed | Amended Return See Instructions, Page 11 | STOP

Schedule A

		Dollars	Cents
1. Accounts Receivable (From Accounts Receivable Worksheet, Line 14)	1.	16,434	
2. Loans and Notes Receivable (From Schedule B, Line 17)	2.		
3. Bonds (From Schedule C, Line 18)	3.		
4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 19)	4.		
5. As Agent for Stockholders (From Schedule E, Line 20. Do not enter negative value)	5.		
6. Total Intangible Assets (Total of Lines 1 through 5)	6.	16,434	
7. Tax Due (From Tax Calculation Worksheet, Line 15A or 15B) *If Line 7 is less than $60, no payment is due.*	7.	NONE	
8. Credits (From Tax Credit Worksheet, Line 16)	8.		
9. Total Tax Due (Subtract Line 8 from Line 7)	9.		
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday or holiday. See page 7.)	10.		
11. Penalty and Interest (See Instructions, page 7)	11.		
12. Voluntary Election Campaign Contribution ($5.00 - See Instructions, page 7)	12.		00
13. Total Due: (Enter here and on Line 13a of the Coupon below. See page 7.)	13.	NONE	

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge [ss.199.232 (2); 92.525(2); and 837.06, F.S.].

Signature of Officer	Date	Telephone No.	◀ Check here if you transmitted funds electronically
		( )	
Signature of Individual or Firm Preparing the Return	Date	Preparer's SSN or FEIN	
	3/1/a	[illegible]	

Payment Coupon 2000 Florida Intangible Tax — Do Not Detach

DR-601C R. 01/00

Return and Payment must be postmarked no later than June 30, 2000, to avoid Penalty and Interest.

13a. Total Due From Line 13	13a.	
13b. Less Amount Paid with Extension	13b.	
13c. Total Due (Line 13a less Line 13b; U.S. funds only) The total due cannot be a negative number. An *Application for Refund* is required for all overpayments.	13c.	

Enter correct name, address, and FEIN below, if not pre-addressed:

650098479 FEIN

Name ********AUTO**5-DIGIT 33441
Address CREG 00033 00055 00001
Address ZING INTERNATIONAL INC
City/State/ZIP 201 N FEDERAL HWY
DEERFIELD BEACH, FL 33441-3625

TA ◀ Check here if you transmitted funds electronically

◀ Check here if you do not want the Department to send you a form next year. (*see back of coupon)

COPY

Make Check Payable and Mail To:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0140

0000 00030100 301503 650098479 0