

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90094 008 ***150.00

DOCUMENT # P99000043530

1. Entity Name
RZB, INC.

Principal Place of Business
**4716 LAKE CALABAY DRIVE
 ORLANDO FL 32737**

Mailing Address
**4716 LAKE CALABAY DRIVE
 ORLANDO FL 32837-5434**

2. Principal Place of Business
3030 Michigan Ave
 Suite, Apt. #, etc.

3. Mailing Address
3956 Town Center Blvd #355
 Suite, Apt. #, etc.
355



DO NOT WRITE IN THIS SPACE

City & State
Kissimmee FL

City & State
ORLANDO FL

4. FEI Number
59-3577942

Applied For
 Not Applicable

Zip Country
34744 USA

Zip Country
32837 USA

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

**ICARDI, JEFFREY A
 237 LOOKOUT-PL STE 100
 MAITLAND FL 32751**

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 _____ DATE _____
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 **D** Delete
 NAME **BENGYEL, ZSOLT**
 STREET ADDRESS **4716 LAKE CALABAY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32737**

TITLE **P + D** Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T + D VP** Change Addition
 NAME **Rita Szepes Bengyel**
 STREET ADDRESS **4716 LK Calabay Dr**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S D** Change Addition
 NAME **MARY O'MALLEY**
 STREET ADDRESS **4741 LK Calabay Dr**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D VP** Change Addition
 NAME **Marty O'Malley**
 STREET ADDRESS **4741 LK Calabay Dr**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: **Martin O'Malley** **3-11-00** **4078460443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)