

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90123 009 \*\*\*150.00

**DOCUMENT # V18931**  
 1. Entity Name  
**ZIRIN ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**12241 SW 112TH STREET**      **P.O. BOX 840309**  
**MIAMI FL 33186**      **PEMBROKE PINES FL 33084-2309**  
 US-

2. Principal Place of Business      3. Mailing Address  
**TEMP CLOSED**      **1**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0317426**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

041401



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**ZIRIN, LAWRENCE**  
**9918 NW 10TH ST.**  
**PEMBROKE PINES FL 33024**

**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 \_\_\_\_\_ 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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ZIRIN, LAWRENCE</b>
STREET ADDRESS	<b>9918 NW 10TH ST.</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>ZIRIN, JAMES</b>
STREET ADDRESS	<b>12241 SW 112TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3170 SW 26TH ST.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 address, with all other like empowered.

**SIGNATURE:** *Lawrence Zirin*      **LAWRENCE ZIRIN**      **4/15/2000**      **954 432-6605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
*2/15/2000 3:30 PM*

CR2E034 (9/99)