

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018932

**Entity Name:** BIZ LENDING & INSURANCE CENTER, INC.

**Current Principal Place of Business:**

1259 NW 16TH ST  
BOCA RATON, FL 33486

**Current Mailing Address:**

1259 NW 16TH ST  
BOCA RATON, FL 33486

**FEI Number:** 36-4570602

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EMS(ESSENTIAL MEETING SERVICES, INC)  
1259 NW 16TH ST  
BOCA RATON, FL 33486 US

*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:** SALLY ZALK

04/13/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name ZALK, SALLY M  
Address 1259 NW 16TH ST  
City-State-Zip: BOCA RATON FL 33486

Title PRES  
Name HALPERIN, MURRAY A  
Address 1259 NW 16TH ST  
City-State-Zip: BOCA RATON FL 33486

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALLY ZALK

CEO

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date