

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000025376

**Entity Name:** MONAL OZA ZIPPER, P.A.

**Current Principal Place of Business:**

4260 NE 22 TERRACE  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

4260 NE 22 TERRACE  
LIGHTHOUSE POINT, FL 33064

**FEI Number:** 45-0673149

**Certificate of Status Desired:** No

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

ZIPPER, MONAL OZA ESQ.  
4260 NE 22 TERRACE  
LIGHTHOUSE POINT, FL 33064 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ZIPPER, MONAL OZA  
Address 4260 NE 22 TERRACE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** MONAL OZA ZIPPER

**PRESIDENT**

**01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date