

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 396232

1. Entity Name

ZAHN REALTY, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90068 041 ***150.00

Principal Place of Business

750 E. SAMPLE ROAD. B#1. STE #8
POMPANO BEACH FL 33064
US

Mailing Address

750 E. SAMPLE ROAD. B#1. STE #8
POMPANO BEACH FL 33064
US

2. Principal Place of Business

5150 NE 31 AVE.

3. Mailing Address

5150 NE 31 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE PT., FLA

City & State

LIGHTHOUSE PT., FLA

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

59-1379409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGER C. ZAHN
5150 NE 31ST AVE
LIGHTHOUSE PT FL 33064

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

Roger Zahn, Pres. ROGER C. ZAHN 2/12/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PTD
NAME ZAHN, ROGER C
STREET ADDRESS 5150 NE 31ST AVE
CITY-ST-ZIP LIGHTHOUSE PT. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Roger Zahn, Pres. ROGER C. ZAHN 2/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-786-0862

CR2E034 (10/00)

0127879