

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 584026

1. Entity Name  
Z. & M., INC.

Principal Place of Business

120 NE 40TH STREET  
MIAMI FL 33137

Mailing Address

120 NE 40TH STREET  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1836287

Applied For

Not Applicable

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

FIEGLER, MARCOS  
120 NE 40TH STREET  
MIAMI FL 33137

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

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, 2002 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 PD  
NAME FIEGLER, MARCOS ☐ Delete  
STREET ADDRESS 120 NE 40TH ST  
CITY-ST-ZIP MIAMI, FL 00000TITLE T  
NAME FEIGLER, GARY ☐ Delete  
STREET ADDRESS 120 NE 40TH ST  
CITY-ST-ZIP MIAMI, FL 00000TITLE S  
NAME GAIL L FIEGLER ☐ Delete  
STREET ADDRESS 120 NE 40 ST  
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V/D/T ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D/S ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

GARY FIEGLER

Date

Daytime Phone #

FILED  
Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90497 033 \*\*\*150.00

U215001  
AV

CR2E034 (9/01)