

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000053

1. Entity Name

Z & A, LTD.

Principal Place of Business

11009 SAGINAW DRIVE  
TEMPLE TERRACE FL 33617

Mailing Address

11009 SAGINAW DRIVE  
TEMPLE TERRACE FL 33617

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2611 Bayshore Blvd.

3. Mailing Address

2611 Bayshore Blvd.

Suite, Apt. #, etc.

Apt. 707

Suite, Apt. #, etc.

Apt. 707

City & State

Tampa, FL

City & State

Tampa, FL

DUE BY SEPTEMBER 26, 2001

4. FEI Number

59-3614982

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P

315 SOUTH HYDE PARK AVENUE

TEMPLE TERRACE FL 33606

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

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

(NOTE: Registered Agent signature required when reinstating)

8-13-01

DATE

9. Capital Contributions  
as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BORRELL, ZENAIDA G TRUSTEE  
11009 SAGINAW DRIVE  
TEMPLE TERRACE FL

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

ZENAIDA G. BORRELL IRREVOCABLE TRUST  
11009 SAGINAW DRIVE  
TEMPLE TERRACE FL

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

2611 Bayshore Blvd., Apt. 707

Tampa, FL 33629

STREET ADDRESS

CITY-ST-ZIP

2611 Bayshore Blvd., Apt. 707

Tampa, FL 33629

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)