

2001 UNIFORM BUSINESS REPORT (UBR)

0006 32 AF

DOCUMENT # **A23992**

1. Entity Name

ZIPERSON COMPANY, LTD.

Principal Place of Business

**12340 NE 6 CT
NORTH MIAMI FL 33161**

Mailing Address

**12340 NE 6 CT
NORTH MIAMI FL 33161**

FILED
JAN 22 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2749808**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**M & W AGENTS, INC.
2101 CORPORATE BLVD
#107
BOCA RATON FL 33431**

Name **SAUL RADLER**

Street Address (P.O. Box Number is Not Acceptable)

12340 NE 6 CT COURT

City **NORTH MIAMI**

FL

Zip Code **33161**

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. Capital Contributions as Shown on record.

\$100,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000018364**
NAME **RPZ, INC.**
STREET ADDRESS **12340 NE 6 CT**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

STREET ADDRESS

CITY-ST-ZIP

100003590931-5
01/23/01-01/31/01
******526.25 ****526.25**

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CITY-ST-ZIP

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:

Saul Radler

1-17-01

305-892-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)