

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000879

1. Entity Name

ZIPPER INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 1:59

Principal Place of Business

15127 CARTER RD., STE. 106
DELRAY BEACH FL 33446

Mailing Address

360 COCONUT PALM RD.
BOCA RATON FL 33432-7916



2. Principal Place of Business

360 Coconut Palm Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-0501603

Applied For

Not Applicable

Zip

33432-7916

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZIPPER, HOWARD D

15127 CARTER ROAD, SUITE 106

DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

SUSAN B. ZIPPER

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

360 Coconut Palm Rd

City

BOCA RATON

FL

Zip Code

33432

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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,350,000

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

ZIPPER, HOWARD D
15127 CARTER ROAD, SUITE 106
DELRAY BEACH FL 33446

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

ZIPPER, SUSAN B
15127 CARTER ROAD, SUITE 106
DELRAY BEACH FL 33446

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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DOCUMENT #

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STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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 *Howard D. Zipper*

3/12/00

86-345-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #