

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001385**

1. Entity Name

ZENITH PROFESSIONAL CENTER, LTD.

Principal Place of Business

**3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069**

Mailing Address

**3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069**

FILED

01 JUN -6 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**1000 E. Hillsboro Blvd.
Suite 100
Deerfield Beach, FL 33441**

**1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441**

DO NOT WRITE IN THIS SPACE

MJH

FBI Number

65-0861502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT F
3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name
**1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441**

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office to:

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.

\$505,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

994,610.00

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 # **P98000048740**
NAME **3010 HOLDINGS, INC.**
STREET ADDRESS **3195 NORTH POWERLINE ROAD, SUITE 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 E. Hillsboro Boulevard**
CITY-ST-ZIP **Ste 100
Deerfield Beach, FL 33441**

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 REQUIRED
SCOTT F BRENNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/5/01

151-978-9864