

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001385**

1. Entity Name

ZENITH PROFESSIONAL CENTER, LTD.

Principal Place of Business

**1000 E. HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH FL 33441**

Mailing Address

**1000 E. HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT F
1000 E. HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH FL 33441**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$994,610.00

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 # **P98000048740**
NAME **3010 HOLDINGS, INC.**
STREET ADDRESS **1000 E. HILLSBORO BLVD., SUITE 100**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

BK

STREET ADDRESS

CITY-ST-ZIP

200005135022--9

STREET ADDRESS

CITY-ST-ZIP

--03/19/02--01070--004

*******526.25 *****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/15/02

954-586-5500



FILED

02 MAR 13 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E003 (9/01)