

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68236

1. Entity Name

TZ & LS ENTERPRISES, INC.

Principal Place of Business

1855 GRIFFIN ROAD  
SUITE A-473  
DANIA FL 33004

Mailing Address

1855 GRIFFIN ROAD  
SUITE A-473  
DANIA FL 33004

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 59-2338692

Applied For

Not Applicable

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

SUBNICK, JOEL M.  
~~1311 BAY TERRACE~~  
~~NORTH BAY ISLAND FL 33141 4002~~

Name

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

2500 E. LAS OLAS BLVD. #906

City

FT. LAUDERDALE, FL

FL

Zip Code

33301-1586

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SUBNICK, JOEL M. <del>1311 BAY TERRACE</del> <del>NORTH BAY ISLAND FL 33141 4002</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUBNICK, JOEL M. <del>1311 BAY TERRACE</del> <del>NORTH BAY ISLAND FL 33141 4002</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOULTON, RICHARD S 17305 SOUTHWEST 8TH ST PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOULTON, RICHARD S 17305 SOUTHWEST 8TH ST PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2500 E. LAS OLAS BLV. #906 FT. LAUDERDALE, FL.33301-1586
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2500 E. LAS OLAS BLVD. #906 FT. LAUDERDALE, FL.33301-1586
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel M. Subnick  
Pres

Date

Daytime Phone #

1/23/01 954-9238668

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90192 011 \*\*\*150.00