

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H92495**

1. Entity Name  
**EZ/1541 N.W. 1ST PLACE, INC.**



**FILED  
Apr 18, 2003 8:00 am  
Secretary of State**

04-18-2003 90118 036 \*\*\*150.00

Principal Place of Business  
**P. O. BOX 970342  
MIAMI FL 33197**

Mailing Address  
**P. O. BOX 970342  
MIAMI FL 33197**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

4. FEI Number

**59-2679950**

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**

**ZIMBELMANN, ELMER, JR.  
22295 S.W. 260 STREET  
HOMESTEAD FL 33031**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **ZIMBELMANN, ELMER, JR.**  
STREET ADDRESS **22295 S.W. 260 STREET**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
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Change  Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an alias, with all other like empowered.

**SIGNATURE: ELMER ZIMBELMANN, JR. -**

**SIGNATURE**

**FICER OR DIRECTOR**

**4/16/03**

**305 235-6562**

**Daytime Phone #**

CR2E034 (10/02)