2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J11580** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name J & A ZEMBRON, INC. 01-20-2000 90115 020 ***158.75 Principal Place of Business Mailing Address ZEMBRON, JAN ZEMBRON, JAN 5220 NE 33RD AVE 5220 NE 33RD AVE FT LAUDERDALE FL 33308-3419 FT LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2676027 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEMBRON, JAN-Street Address (P.O. Box Number is Not Acceptable) 5220 NE 33RD AVE FT LAUDERDALE FL 33308 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE **PST** Delete TITLE Change NAME ZEMBRON, JAN NAME STREET ADDRESS STREET ADDRESS 5220 N.E. 33 AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Addition TITLE Change ☐ Delete ZEMBRON, ANDRZEY NAME NAME STREET ADDRESS STREET ADDRESS 8630 S.W. 12 STREET, BOX K-4 CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33025 ☐ Addition Change TIT! F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE Change NAME

I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

Change

☐ Addition