

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90011 009 \*\*\*150.00

**DOCUMENT # J60479**

1. Entity Name  
**ZINN COMPANIES, INC.**

Principal Place of Business

C/O ROGER BARRY DAVIS  
 20451 NW 2ND AVE. S-101  
 MIAMI FL 33169

Mailing Address

C/O ROGER BARRY DAVIS  
 20451 NW 2ND AVE. S-101  
 MIAMI FL 33169

2. Principal Place of Business

**1955 TYLER STREET**

3. Mailing Address

**1955 TYLER STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**HOLLYWOOD FL.**

City & State

**HOLLYWOOD FL.**

4. FEI Number

**65-0532028**

Applied For

Not Applicable

Zip **33020**

Country

Zip **33020**

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

**DAVIS, ROGER BARRY**  
**1955 TYLER STREET**  
**HOLLYWOOD FL 33020**

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.

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  Delete  
 NAME **PD ZINN, CRAIG M**  
 STREET ADDRESS **1841 NORTH STATE RD 7**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD SHALOO, JONI NOVAK**  
 STREET ADDRESS **1841 NORTH STATE RD 7**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ASD ZINN, DAVID M.**  
 STREET ADDRESS **1841 N STATE ROAD 7**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Joni Shaloo* **JONI SHALOO**

**2-13-01** **954-893-4705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)