

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90136 019 \*\*\*158.75

**DOCUMENT # M40936**

1. Entity Name

**ZYSCOVICH, INC.**

Principal Place of Business

Mailing Address

100 N. BISCAYNE BLVD. #1400  
 MIAMI FL 33132

100 N. BISCAYNE BLVD. #1400  
 MIAMI FL 33132-2306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**27th FLOOR**

Suite, Apt. #, etc.

**27th FLOOR**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2754852**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZYSCOVICH, BERNARD**  
**3860 POINCIANA AVENUE**  
**MIAMI FL 33133**

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	ZYSCOVICH, BERNARD	
STREET ADDRESS	3860 POINCIANA AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACOBS, CHERYL H	
STREET ADDRESS	100 N BISCAYNE BLVD SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURGUIDO, JOSE	
STREET ADDRESS	100 N BISCAYNE BLVD. #1400	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zyscovich, Inc.	
STREET ADDRESS	100 North Biscayne Blvd	
CITY-ST-ZIP	27th Floor Miami, FL 33132-2309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zyscovich, Inc.	
STREET ADDRESS	100 North Biscayne Blvd	
CITY-ST-ZIP	27th Floor Miami, FL 33132-2309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zyscovich, Inc.	
STREET ADDRESS	100 North Biscayne Blvd	
CITY-ST-ZIP	27th Floor Miami, FL 33132-2309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

*Bernard Zyscovich*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BERNARD ZYSCOVICH**

Date

**305-312-5222**  
 Daytime Phone #