

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name SZC, INC.

Principal Place of Business
611 N.E. 13th Street
Ft. Lauderdale, Fla.

Mailing Address
259 Lombardy Avenue
Lauderdale By The Sea, Fl.
33308

2. Principal Place of Business
611 N.E. 13th Street
Suite, Apt. #, etc.

3. Mailing Address
259 Lombardy Avenue
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Fla.

City & State
Lauderdale By The Sea

4. FEI Number
65-0327501

Applied For
Not Applicable

Zip Country
Broward

Zip Country
33308 Broward

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

WANDA SZCZESNIAK SECRETARY
259 Lombardy Avenue
Lauderdale, By The Sea, Fla. 33308

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 *Wanda Szczesniak, Secretary*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9-26-2000
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 President ☐ Delete
NAME Robert Szczesniak
STREET ADDRESS 259 Lombardy Avenue
CITY-ST-ZIP Lauderdale By The Sea, Fla. 33308

TITLE ☐ Change ☐ Addition
NAME 800003417908--7
STREET ADDRESS -10/09/00--01006--004
CITY-ST-ZIP *****550.00 *****550.00

TITLE Vice President ☐ Delete
NAME Wanda Szczesniak
STREET ADDRESS same as above
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Delete
NAME Wanda Szczesniak
STREET ADDRESS same as above
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Delete
NAME Robert Szczesniak
STREET ADDRESS same as above
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Wanda Szczesniak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-2000 954-772-1353
Date Daytime Phone #

CRZE034 (9/99)