FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90071 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000005042

1. Entity Name

ZIPPER'S SOCIAL CLUB, INC.

10090999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1060 N.E. 79th Street	1060 N.E. 79th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33138 Country: Miami-Dade	Zip: 33138 Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0627135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steven C. Elkin, Esq.
Frank, Weinberg & Black, P.L.
Street Address (P.O. Box Number is Not Acceptable): 7805 S.W. 6th Court
City: Plantation FL Zip Code: 33324

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: Melina Powell Melina Powell Director 4-26-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Director	TITLE	
NAME	Michael Goelz	NAME	
STREET ADDRESS	1060 N.E. 79th Street	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33150	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Melina Powell	NAME	
STREET ADDRESS	1060 N.E. 79th Street	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33150	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Jon Greenberg	NAME	
STREET ADDRESS	1060 N.E. 79th Street	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Miami, FL 33150	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melina Powell Melina Powell Director 4-26-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #