

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90309 035 ***158.75

DOCUMENT # **P 00000035145**

1. Entity Name
WZ OF Lee, inc. ✓

Principal Place of Business
6449 SW 132ND Gunt Circle
MIAMI, FL.
33183-5141

Mailing Address
P.O. Box 1465
TAVERNIER, FL.
33070

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1465
 Suite, Apt. #, etc.

City & State
TAVERNIER, FL.

Zip
33070

Country
US

4. FEI Number
65-1004810

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
ROBERTA KEARNS
6449 SW 132ND Gunt Circle
MIAMI, FL.
33183-5141

7. Name and Address of New Registered Agent

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 _____ (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

| | |
|--|---------------------------------|
| TITLE DIRECTOR | <input type="checkbox"/> Delete |
| NAME ELLIOTT STARMAN | |
| STREET ADDRESS 6449 SW 132ND Gunt Circle | |
| CITY-ST-ZIP MIAMI, FL. 33183 | |
| 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"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE P/T/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ELLIOTT STARMAN | |
| STREET ADDRESS 6449 SW 132ND Gunt Circle | |
| CITY-ST-ZIP MIAMI, FL. 33183 | |
| TITLE VP/D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ROBERTA KEARNS | |
| STREET ADDRESS 6449 SW 132ND Gunt Circle | |
| CITY-ST-ZIP MIAMI, FL. 33183 | |
| 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 | |
| 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 like empowered.

SIGNATURE: **ELLIOTT STARMAN**  **2/20/01** **305-853-0424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)