

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90997 019 \*\*\*150.00

**DOCUMENT # P00000047803**

1. Entity Name  
**ZAM-HILLSBORO COMMONS, INC.**

Principal Place of Business 3195 NORTH POWERLINE ROAD SUITE 104 POMPANO BEACH FL 33069	Mailing Address 3195 NORTH POWERLINE ROAD SUITE 104 POMPANO BEACH FL 33069
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2. Principal Place of Business <b>1000 E. HILLSBORO BLVD.</b> Suite, Apt. #, etc. <b>STE 100</b>	3. Mailing Address <b>1000 E. HILLSBORO BLVD.</b> Suite, Apt. #, etc. <b>STE 100</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>DEERFIELD BEACH, FL</b>	City & State <b>DEERFIELD BEACH, FL</b>	4. FEI Number <b>65-1006677</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33441</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BRENNER, SCOTT**  
**3195 NORTH POWERLINE ROAD SUITE 104**  
**POMPANO BEACH FL 33069**  
**1000 E. HILLSBORO BLVD. #100**  
**DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent  
 Name **JAME**  
**1000 East Hillsboro Boulevard**  
**Suite 100**  
**Deerfield Beach, FL 33441**  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marc A. Kopelman **MARC A. KOPELMAN** **4/5/01** **954-978-9968**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (10/00)