

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90691 033 ***150.00

DOCUMENT # **P000000049241**

1. Entity Name:

HZF ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7800 OAKLAND PARK BLVD
SUNRISE, FLORIDA

2. Principal Place of Business

3. Mailing Address

7800 OAKLAND PARK BLVD
 Suite, Apt. #, etc.

10864 KING BAY DRIVE
 Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

BOCA RATON, FL

Zip

Country

USA

Zip

33498

Country

USA

4. FEI Number

65-1008534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

553519

6. Name and Address of Current Registered Agent

HARRY FISCHTEIN

7. Name and Address of New Registered Agent

Name

HARRY FISCHTEIN

Street Address (P.O. Box Number is Not Acceptable)

10864 KING BAY DRIVE

City

BOCA RATON, FL

FL

Zip Code

33498

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.

(NOT)

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 **PRESIDENT/DIRECTOR** ☐ Delete
 NAME **HARRY FISCHTEIN**
 STREET ADDRESS **10864 KING BAY DRIVE**
 CITY-STATE-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other persons empowered by signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Harry Fischtein** DIRECTOR

Date

1-23-01

Daytime Phone #

561-477-8809

CR2E034 (11/00)