

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074917

1. Entity Name

P.A.Z.Z. ENTERPRISES, INC.

Principal Place of Business

1200 NORTH FEDERAL HIGHWAY
1200 CORPORATE PLACE #121
BOCA RATON FL 33432

Mailing Address

1200 NORTH FEDERAL HIGHWAY
1200 CORPORATE PLACE #121
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1037574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARATAN, GIULIANO P
3279 CLINTMOORE ROAD #105
BOCA RATON FL 33496

Name

PAMELA ZARATAN

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

3279 CLINTMOORE RD #105

City

BOCA RATON

FL

Zip Code

33496

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

PAMELA ZARATAN

1/19/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
NAME ZARATAN, PAMELA
STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME ZARATAN, PAMELA ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME ZARATAN, GIULIANO P
STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

PAMELA ZARATAN

Date

Daytime Phone #

PAMELA ZARATAN 1/19/01 561-361-6356

CR2E034 (10/00)