FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90141 042 ***150.00

DOCUMENT # P00000095189

1. Entity Name
STUDY ZONE CORP. OF DAVIE

DO NOT WRITE IN THIS SPACE

635256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3367 N. UNIVERSITY ~~PLACE~~ DRIVE
Suite, Apt. #, etc.
2ND FLOOR
City & State
DAVIE, FL
Zip 33024 Country USA

Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1092795 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name MURRAY DANZ
Street Address (P.O. Box Number is Not Acceptable)
10204 SPYGLASS WAY
City BOCA RATON 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DCEO
NAME	MURRAY DANZ
STREET ADDRESS	10204 SPYGLASS WAY
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	DP
NAME	GEORGE NELSON
STREET ADDRESS	9610 CONCHSHELL MANOR
CITY-ST-ZIP	PLANTATION, FL 33324
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CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: _____ 4/9/02 561-451-9907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #