

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097292

1. Entity Name

A 2 Z T'S, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90115 003 ***150.00

Principal Place of Business

11612 WATERBEND COURT
WELLINGTON FL 33414

Mailing Address

11612 WATERBEND COURT
WELLINGTON FL 33414

2. Principal Place of Business

4400 NW 19TH AVE #E

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMMANO BEACH

Zip

33064

Country

U.S.A

Country

4. FEI Number

65-1050150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOOMAR, L. GREGROY ESQ.
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete
NAME D LURIE, JONATHAN C
STREET ADDRESS 11612 WATERBEND COURT
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME VINCENT BANAONI
STREET ADDRESS 7541 NW 135T
CITY-ST-ZIP PLANTATION FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

9549741785

Daytime Phone #

CR2E034 (10/00)