

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90142 017 ***150.00

DOCUMENT # P01000009893

1. Entity Name
C. ZAUSNER, P.A.

Principal Place of Business
130 S. UNIVERSITY DR., STE. D
PLANTATION FL 33324

Mailing Address
130 S. UNIVERSITY DR., STE. D
PLANTATION FL 33324

2. Principal Place of Business
7649 Trent Dr.
 Suite, Apt. #, etc.

3. Mailing Address
7649 Trent Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tamarac FL
 Zip
33321
 Country
USA

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Tamarac FL
 Zip
33321
 Country
USA

4. FEI Number
65-1072461
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, PA
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
Corrine Zausner
 Street Address (P.O. Box Number is Not Acceptable)
7649 Trent Drive
 City
Tamarac **FL** Zip Code
33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Corrine Zausner**
 Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DPST ZAUSNER, CORRINE 130 S. UNIVERSITY DR., STE. D PLANTATION FL 33324	<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
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	DPST Zausner, Corrine 7649 Trent Drive Tamarac FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **Corrine Zausner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/02

954-721-0734

CR2E034 (4/02)

WOLFSON & ASSOCIATES, P.A., CERTIFIED PUBLIC ACCOUNTANTS

130 S. UNIVERSITY DRIVE
PLANTATION, FLORIDA 33324

Voice (954) 475-8670
Fax (954) 475-8788
Email: WOLFSONASSOC@AOL.COM

Members
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

August 26, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL

Re: C. Zausner, P.A.
Ein: 65-1072461

Dear Sir/Madame:

Please be advised that we are the accountants for C. Zausner, P.A. We recently received a notice indicating that the first renewal form was never received by the State. Please be advised that the mailing address listed for C. Zausner, P.A. with the State is our office address. It is a strict policy of this office to immediately document and process any UBR's which may be received on behalf of our clients. Please be advised that our records do not show the receipt of C. Zausner, P.A.'s renewal documents. Enclosed please find a fully executed Uniform Business Report along with a check in the amount of \$ 150 as renewal fees for 2002. Please note the proper mailing address for the future.

Based on the foregoing, we respectfully request that you please remove the late filing penalties and accept the renewal form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Gladys Verdesoto

enclosure

Attachment
DH# PO1000009893
124482