

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

0382309 AV

DOCUMENT # P01000010867

1. Entity Name
ZAM-CYPRESS COMMONS, INC.

03-24-2002 90080 038 ***150.00

Principal Place of Business
3195 NORTH POWERLINE ROAD
SUITE 104
POMPANO BEACH FL 33069

Mailing Address
3195 NORTH POWERLINE ROAD
SUITE 104
POMPANO BEACH FL 33069



2. Principal Place of Business
1000 E. HILLSBORO BLVD

3. Mailing Address
1000 E. HILLSBORO BLVD

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

City & State
Deerfield

City & State

4. FEI Number
65-1071866

Applied For
Not Applicable

Zip
33069

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
3195 NORTH POWERLINE ROAD
SUITE 104
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1000 E. HILLSBORO BLVD
#100
City **Deerfield Field Beach FL** **Zip Code** **33441**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | SCOTT BRENNER 1000 E. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33441 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | MARC KAPLAN 1000 E. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33441 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | ANNE HORNWITZ 1000 E. HILLSBORO BLVD STE 100 DEERFIELD BEACH FL 33441 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 **254-556-5500**

Date **Daytime Phone #**

CR2E034 (9/01)