2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032845

1. Entity Name

ZAM - VICTORIA PLACE, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 E. HILLSBORO BLVD

Suite, Apt. #, etc. *#100*

City & State *Deerfield Beach*

Zip *33441* Country *USA*

3. Mailing Address
1000 E. HILLSBORO BLVD

Suite, Apt. #, etc. *#100*

City & State *Deerfield Beach, FL*

Zip *33441* Country

4. FEI Number *65-1114533*

Applied For ☐ / Not Applicable ☐

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

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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 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

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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

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11. OFFICERS AND DIRECTORS			**12.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*Director - Pres* *Scott Brenner* *1000 E. Hillsboro Blvd Ste 100* *Deerfield Bch, FL 33441*	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*Director - VP* *Marc Kopelman* *1000 E. Hillsboro Blvd, Ste 100* *Deerfield Bch FL 33441*	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*Director - S/T* *Brian Horowitz* *1000 E. Hillsboro Blvd, Suite 100* *Deerfield Bch FL 33441*	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *2/10/02* *954.556.5550*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #