## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am Secretary of State P01000035666 DOCUMENT # 1. Entity Name 01-15-2002 90077 010 \*\*\*150.00 R.Z.L. PROPERTIES INC. Mailing Address Principal Place of Business 2525 N STATE RD 7. SUITE 115 2525 N STATE RD 7. SUITE 115 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 65-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVY, STEVEN Z Street Address (P.O. Box Number is Not Acceptable) 2525 N STATE RD 7, SUITE 115 HOLLYWOOD FL 33021 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LEVY, STEVEN A NAME NAME 2525 N STATE RD 7, SUITE 115 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE RAFI LEVY 2525 N. STATE LO 7 # 115 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [ ] Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

**FILED**