# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 21, 2003 8:00 am**
**Secretary of State**
04-21-2003 90500 024 ***150.00

DOCUMENT # P01000091460

1. Entity Name
STUDY ~~ZONE~~ ZONE OF KENDALL, INC

**DO NOT WRITE IN THIS SPACE**

70044976

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7506 S.W. 117 AVE. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FLORIDA | City & State |
| Zip: 33183 Country: USA | Zip Country |

4. FEI Number: 65-1139870 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: MURRAY A. DANZ

Street Address (P.O. Box Number is Not Acceptable):
10209 SPYGLASS WAY

City: BOCA RATON, FL Zip Code: 33498

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P D |
| NAME | MURRAY DANZ |
| STREET ADDRESS | 10209 SPYGLASS WAY |
| CITY-ST-ZIP | BOCA RATON, FL 33498 |
| TITLE | CEO & D |
| NAME | ARNOLD LEVINE |
| STREET ADDRESS | 10478 STONEBRIDGE BLVD. |
| CITY-ST-ZIP | BOCA RATON, FL 33498 |
| TITLE | D |
| NAME | JOSHUA GOLDSTEIN |
| STREET ADDRESS | 66 TRANQUILITY ROAD |
| CITY-ST-ZIP | SUFFERN, NY 10901 |
| TITLE | D |
| NAME | ADAM WACHTEL |
| STREET ADDRESS | 264 PINE RD. |
| CITY-ST-ZIP | BRIARCLIFF MANOR, NY 10510 |
| TITLE | S |
| NAME | IRENE DANZ |
| STREET ADDRESS | 10209 SPYGLASS WAY |
| CITY-ST-ZIP | BOCA RATON FL 33498 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Irene Danz 4/16/03 561-451-9907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #