

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91476 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000065158

1. Entity Name
STUDIO Z, INC.



Principal Place of Business
1701 W HILLSBORO BLVD STE 301
DEERFIELD BCH, FL 33442

Mailing Address
1701 W HILLSBORO BLVD STE 301
DEERFIELD BCH, FL 33442

2. Principal Place of Business
2200 GLADES ROAD
Suite, Apt. #, etc.
SUITE # 304

3. Mailing Address
2200 GLADES ROAD
Suite, Apt. #, etc.
SUITE # 304



☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL
Zip
33431

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BOCA RATON, FL
Zip
33431

Country

4. FEI Number
04-3685206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINTRAUB, PETER B
1701 W HILLSBORO BLVD STE 301
DEERFIELD BCH, FL 33442

Name
PHILLIP SZE
Street Address (P.O. Box Number is Not Acceptable)
2200 GLADES ROAD SUITE # 304
City
BOCA RATON FL Zip Code
33431

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

PHILLIP SZE, PRESIDENT

4/23/03

Signature of the person named in the name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SZE, PHILIP			
	5329 NASH TRAIL			
	LAKE WORTH, FL 33463			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03