

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91784 009 \*\*\*150.00

0365262 AV

**DOCUMENT # P02000094046**

1. Entity Name

**J.Z. DEALER SUPPLIES, INC.**



Principal Place of Business

~~9093 W. SUNRISE BLVD.~~  
~~PLANTATION FL 33322~~

Mailing Address

~~9093 W. SUNRISE BLVD.~~  
~~PLANTATION FL 33322~~

2. Principal Place of Business

**3800 SW 53 St.**

3. Mailing Address

**3800 SW 53 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

Zip

**33312**

Country

**USA**

Zip

**33312**

Country

**USA**

4. FEI Number

**55-0794131**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**Zion, Josef**

Street Address (P.O. Box Number is Not Acceptable)

**3800 SW 53 St.**

City

**Hollywood**

FL

Zip Code

**33312**

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

Signature, typed or printed name of registered agent and title if applicable.

**Josef Zion - Pres.**

(NOTE: Registered Agent signature required when reinstating)

**4/30/03**

DATE

**FILE NOW!!! FEE IS \$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 **PSTD** ☐ Delete  
NAME **ZION, JOSEF**  
STREET ADDRESS **9093 W. SUNRISE BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3800 SW 53 St.**  
CITY-ST-ZIP **Hollywood, FL 33312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**Josef Zion**

**4/30/03**

**954-8186622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)