

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006964

1. Entity Name
BYZ. CORP. INC.

06-19-2000 90006-027 ***150.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 10 PM 3:41

Principal Place of Business Mailing Address
5346 PIPING ROCK DR 5346 PIPING ROCK DR
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437-1606

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0386721 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

ZIEMBA, BARBARA M
5346 PIPING ROCK DR
BOYNTON BEACH FL 33437

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIEMBA, MICHAEL W	
STREET ADDRESS	226 RIVER TERRACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ZIEMBA, BARBARA M	
STREET ADDRESS	5346 PIPING ROCK DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZIEMBA, LARS A	
STREET ADDRESS	3772 HELIX STREET	
CITY-ST-ZIP	SPRING VALLEY CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIEMBA, OSCAR H	
STREET ADDRESS	5346 PIPING ROCK DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIEMBA, MARK W	
STREET ADDRESS	15410 DEERING	
CITY-ST-ZIP	LIVONIA MI 48154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Barbara M. Ziemba 4/17/00 561-734-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)