

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010513

1. Entity Name

W.M. ZANI REAL ESTATE CONSULTING INCORPORATED

**FILED**  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90076 021 \*\*\*150.00

Principal Place of Business

10275 COLLINS AVE  
APT #1534  
BAL HARBOUR FL 33154  
US

Mailing Address

10275 COLLINS AVE  
APT #1534  
BAL HARBOUR FL 33154  
US

2. Principal Place of Business

2491 HUIR CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

10275 COLLINS AVE

Suite, Apt. #, etc.

APT 1105



DO NOT WRITE IN THIS SPACE

City & State  
WELLINGTON, FL

Zip  
33414

Country  
USA

City & State  
BAL HARBOUR, FL

Zip  
33150

Country  
USA

4. FEI Number 65-0376893

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

ZANI, WILLIAM N  
10275 COLLINS AVE  
APT 153  
BAL HARBOUR FL 33158

Name  
ZANI, WILLIAM M  
Street Address (P.O. Box Number is Not Acceptable)  
10275 COLLINS AVE  
APT 1105  
City  
BAL HARBOUR, FL  
Zip Code  
33154

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

*William M Zani* WILLIAM M. ZANI 1/10/01  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS ZANI, ANN B 10275 COLLINS AVE #1534 BAL HARBOUR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANI, WILLIAM M. 10275 COLLINS AVE #1534 BAL HARBOUR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS ZANI, ANN B 10275 COLLINS AVE. #1105 BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANI, WILLIAM M 10275 COLLINS AVE #1105 BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*William M Zani* WILLIAM M. ZANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 205 868 9620  
Date Daytime Phone #

CR2E034 (10/00)