

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023850

1. Entity Name
Z TEAM, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90102 027 ***150.00

Principal Place of Business Mailing Address
1305 - 53RD ST 1305 - 53RD ST
BAY 1 BAY 1
MANGONIA PARK FL 33407 MANGONIA PARK FL 33407-2290
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2151 45th Street 2151 45th Street
Suite, Apt. #, etc. Suite # 206
Suite # 206
City & State City & State
West Palm Beach West Palm Beach
Zip Country Zip Country
33407 Palm Beach 33407 Palm Beach

4. FEI Number 65-0397280 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DORRA, ARIEL J
1601 FORUM PLACE
STE. #306
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name Chad Tendrich
Street Address (P.O. Box Numbers Not Acceptable)
2151 45th Street
Suite 206
City West Palm Beach FL Zip Code 33407

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 *Chad Tendrich, Director* 2/9/00
Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENDRICH, CHAD K		NAME		
STREET ADDRESS	1305 - 53RD ST, BAY 1		STREET ADDRESS		
CITY-ST-ZIP	MANGONIA PARK FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Chad Tendrich* 2/9/00 561 848 3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)