

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90292 036 \*\*\*150.00

**DOCUMENT # P93000045463**

1. Entity Name  
**ZIMMERMAN & BOUERI, INC.**

**816336**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

555 S. FED. HWY.  
 #220  
 BOCA RATON FL 33432  
 US

555 S FEDERAL HWY #220  
 BOCA RATON FL 33432  
 US

2. Principal Place of Business

3. Mailing Address

**1045 E. ATLANTIC AVE**

**1045 E. ATLANTIC AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**314**

**314**

City & State

City & State

**DELRAY BEACH, FL**

**DELRAY BEACH, FL**

Zip

Country

Zip

Country

**33483**

**PALM BEACH**

**33483**

**PALM BEACH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, JOHN E JR**  
**555 S FEDERAL HWY #220**  
**BOCA RATON FL 33432**

Name **ZIMMERMAN, JOHN E. JR**

Street Address (P.O. Box Number is Not Acceptable)  
**1045 E. ATLANTIC AVE**

**SUITE 314**

City **DELRAY BEACH**

**FL**

Zip Code **33483**

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

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, 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 **PTS** ☐ Delete  
 NAME **ZIMMERMAN, JOHN E. JR.**  
 STREET ADDRESS **7976 TIMBERLAKE DRIVE**  
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

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

TITLE **V** ☐ Delete  
 NAME **BOUERI, RABIH**  
 STREET ADDRESS **818 FOX POINTE CIR**  
 CITY-ST-ZIP **DELRAY BCH FL 33445**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RABIH J. BOUERI**

Date

Daytime Phone #

**3/1/01 561-278-8280**

CR2E034 (10/00)