

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050702

1. Entity Name

ZEFERETTI CONSULTING CORPORATION

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90010 050 ***150.00

Principal Place of Business

Mailing Address

11123 GRIFFING BLVD
BISCAYNE PARK FL 33161

11123 GRIFFING BLVD
BISCAYNE PARK FL 33161-7249

2. Principal Place of Business

6001 PAH TRAIL DRIVE

3. Mailing Address

6001 PAH TRAIL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

111

111

City & State
DAVIE FL.

City & State
DAVIE FL.

4. FEI Number 65-0532406

Applied For

Not Applicable

Zip
33314

Country
U.S.A.

Zip
33314

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

LEOPOLD, KAREN S
20801 BISCAYNE BLVD
SUITE 501
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZEFERETTI, LEO C
11123 GRIFFING BLVD
BISCAYNE PARK FL 33161

☐ Delete

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 an other as empowered.

SIGNATURE:

Leo C. Zeferetti
LEO C. ZEFERETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)