

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062755

1. Entity Name

ZIV, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90190 034 ***150.00

Principal Place of Business

Mailing Address

7200 NW 7TH STREET
#333
MIAMI FL 33126
US

7200 NW 7TH STREET
#333
MIAMI FL 33126-2941
US

2. Principal Place of Business

3. Mailing Address

200 SE. 15TH ROAD
Suite, Apt. #, etc.
16-D

200 SE. 15TH ROAD
Suite, Apt. #, etc.
16-D

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33129

Country
USA

Zip
33129

Country
USA

4. FEI Number 65-0644266

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

ZIV, JAY
7200 NW 7TH STREET
#333
MIAMI FL 33126

Name
JAY ZIV

Street Address (P.O. Box Number is Not Acceptable)
200 SE. 15TH ROAD

#16-D

City
MIAMI

FL

Zip Code
33129

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

4/27/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZIV, JAY
7200 NW 7TH STREET SUITE #333
MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAY ZIV
200 SE. 15TH ROAD
MIAMI, FL 33129

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR2E034 (9/99)