

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068182

1. Entity Name

ZMF, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90040 048 ***150.00

Principal Place of Business

640 EAST OCEAN AVENUE STE 16
BOYNTON BEACH FL 33435

Mailing Address

% ZMF MC
8206 MIZNER LANE
BOCA RATON FL 33433-1140

2. Principal Place of Business

8055 MIZNER Lane

3. Mailing Address

8055 Mizner Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0625736

Applied For

Not Applicable

Zip

Country

33433 USA

USA

Zip

Country

33433 USA

USA

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

DELEUZE, MARIE-FRANCE
8306 MIZNER LANE
BOCA RATON FL 33433

Name
Deleuze Marie France
Street Address (P.O. Box Number is Not Acceptable)
8055 Mizner Lane
City
Boca Raton FL 33433

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Delete
NAME	DELEUZE, MARIE-FRANCE	
STREET ADDRESS	8206 MIZNER LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PST	<input type="checkbox"/> Delete
NAME	CIRCHANSKY, JOEL	
STREET ADDRESS	5830 TOWN BAY DR. #323	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

May 15 2000

CR2E034 (9/99)