

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000086235

1. Entity Name

GZ & COMPANY, INC.

Principal Place of Business

14722 S.W. 82nd Ct.
MIAMI, FLA. 33158

Mailing Address

14722 S.W. 82nd Ct.
MIAMI, FLA. 33158

2. Principal Place of Business

14722 S.W. 82nd Ct.
Suite, Apt. #, etc.

3. Mailing Address

14722 S.W. 82nd Ct.
Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33158

Country

Zip

33158

Country

4. FFI Number

65-0618388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GINSBURG, EDWIN M.
370 MINORCA AVE.
CORAL GABLES, FLA. 33134

7. Name and Address of New Registered Agent

Name GINSBURG, EDWIN M.

Street Address (P.O. Box Number is Not Acceptable)

14722 S.W. 82nd Court

City MIAMI

FL

Zip Code

33158

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.

(Not a Registered Agent signature required when reinstating)

DATE

Edwin M. Ginsburg EDWIN M. GINSBURG 4/21/00

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

S. HARVEY ZIEGLER, PRES.

4/21/00

950291

DO NOT WRITE IN THIS SPACE

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 031 ***150.00

CR2E034 (9/99)