

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90116 027 ***150.00

DOCUMENT # P96000028531

1. Entity Name

ROBERT ZACHELMAYER, INC.

Principal Place of Business

**231 SE 1ST TERRACE
DEERFIELD BEACH FL 33441
US**

Mailing Address

**231 SE 1ST TERRACE
DEERFIELD BEACH FL 33441
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0658141

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

**ZACHELMAYER, ROBERT
231 SE 1ST TERRACE
DEERFIELD BCH FL 33441**

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, 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 NAME ☐ Delete
**P
ZACHELMAYER, ROBERT
231 SOUTHEAST 1 TERRACE
DEERFIELD BEACH FL**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

Daytime Phone #

(954) 481-9024

CR2E034 (10/00)

Attachment
SCOTT H. LUTWAK
Certified Public Accountant
1191 E Newport Center Drive
Deerfield Beach, FL 33442
(954)426-4480

820774

P96000628531

PLEASE FOLLOW INSTRUCTIONS AS CHECKED

CLIENT'S NAME *RLZ* FORM NUMBER *UBR*

MAIL BEFORE *5/1/01* YEAR END *00*

SIGN

- | | |
|---|--|
| <input checked="" type="checkbox"/> PLEASE SIGN AT (X) | <input type="checkbox"/> ONE PARTNER SIGN AT (x) |
| <input type="checkbox"/> HAVE YOUR SPOUSE SIGN AT (X) | <input type="checkbox"/> INDICATE TITLE AT (XX) AND DATE |
| <input type="checkbox"/> ONE OFFICER OF CORPORATION SIGN AT (X) | <input type="checkbox"/> _____ |

PAYMENT AMOUNT

- | | |
|--|---|
| <input type="checkbox"/> No Remittance Necessary | <input checked="" type="checkbox"/> Write check in the amount of \$ <u><i>150</i></u> |
|--|---|

MAKE CHECK PAYABLE TO:

- | | |
|---|--|
| <input type="checkbox"/> Internal Revenue Service | <input type="checkbox"/> Your bank and submit to the bank with deposit card form |
| <input type="checkbox"/> Florida Unemployment Compensation Fund | <input checked="" type="checkbox"/> Department of State |
| <input type="checkbox"/> Florida Department of Revenue | <input type="checkbox"/> _____ |

MAIL TO:

- | | |
|---|---|
| <input type="checkbox"/> INTERNAL REVENUE SERVICE
ATLANTA, GA 39901 | <input checked="" type="checkbox"/> DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500 |
| <input type="checkbox"/> PALM BEACH COUNTY PROPERTY APPRAISER
301 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 | <input type="checkbox"/> FLORIDA DEPT. OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399 |
| <input type="checkbox"/> BROWARD COUNTY PROPERTY APPRAISER
115 S. ANDREWS AVENUE- ROOM 111
FT. LAUDERDALE, FL 33301 | <input type="checkbox"/> OTHER INSTRUCTIONS

_____ |