

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057870

1. Entity Name

T Z WINDOWS NORTH INC.

FILED

Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90008 004 \*\*\*150.00

Principal Place of Business  
4341 OKEECHOBEE BLVD  
BAY G1 & G2  
WEST PALM BEACH FL 33409  
US

Mailing Address  
4341 OKEECHOBEE BLVD  
BAY G1 & G2  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0690842

Applied For  
Not Applicable

Zip Country

Zip Country

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

MATZ, MARVIN  
4341 OKEECHOBEE BLVD  
BAY 61 & 62  
WEST PALM BEACH FL 33409

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MATZ, MARVIN	
STREET ADDRESS	4341 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE C. CLAY	
STREET ADDRESS	4341 OKEECHOBEE BLVD	
CITY-ST-ZIP	W. PALM BEACH, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MALONEY	
STREET ADDRESS	4341 OKEECHOBEE BLVD	
CITY-ST-ZIP	W. PALM BEACH, FL 33409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KELLY	
STREET ADDRESS	4341 OKEECHOBEE BLVD	
CITY-ST-ZIP	W. PALM BEACH, FL 33409	
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:

JANE C. CLAY JANE C. CLAY

1/11/01

561-688-0990

CR2E034 (10/00)