

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045017

1. Entity Name

BZ'S ART FRENZIE, INC.

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90044 029 ***150.00

Principal Place of Business

Mailing Address

~~2244~~ WILTON DR moved to 2055
WILTON MANORS FL 33305
US

~~2244~~ WILTON DRIVE moved to 2055
WILTON MANORS FL 33305-2132
US

2. Principal Place of Business

3. Mailing Address

2055 Wilton Drive
Suite, Apt. #, etc.

2055 Wilton Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Wilton Manors, FL

Wilton Manors, FL

4. FEI Number

65-0761300

Applied For

Not Applicable

Zip

Country

33305

USA

Zip

Country

33305

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

RICHARD GOLDSTONE, P.A.
2301 WEST SAMPLE ROAD
BUILDING 3 - SUITE 3-A
POMPANO BEACH FL 33073

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, 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 VP
NAME ZIZZO, BERNADETTE A
STREET ADDRESS 1332 NE 2 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete

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

TITLE P
NAME BURKE, DEBRA L
STREET ADDRESS 1332 NE 2 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

4/30/00 959-537-3518

CR2E034 (9/99)