2000 UNIFORM BUSINESS REPORT (UBR)

4/29

FILED
Jun 05, 2000 8:00 am
Secretary of State

04-29-2000 90003 049 ***150.00

DOCUMENT # P97000066621

1. Entity Name

ZAVE PROPERTIES SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O MITCHELL MCRAE 23003 SOUTH STATE RD 7 BOCA RATON FL 33428	C/O MITCHELL MCRAE 23003 SOUTH STATE RD 7 BOCA RATON FL 33428-5433

2. Principal Place of Business	3. Mailing Address
C/o	C/o
Suite, A MITCHELL T. McRAE, P.A.	Suite, A MITCHELL T. McRAE, P.A.
6274 LINTON BLVD., SUITE 100	6274 LINTON BLVD., SUITE 100
City & State DELRAY BEACH, FL 33484	City & State DELRAY BEACH, FL 33484
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0943503 ~~APPLIED FOR~~ — 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
MCRAE, MITCHELL T WEST BOCA PLAZA 23003 SOUTH STATE RD 7 BOCA RATON FL 33428	Name Street Address MITCHELL T. McRAE, P.A. 6274 LINTON BLVD., SUITE 100 DELRAY BEACH, FL 33484 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 _____ 4/5/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS ABERMAN, ZAVE 1255 RUE UNIVERSITY, SUITE 1604 MONTREAL, QUEBEC, CANADA H3B3X-3 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABERMAN, ZAVE 1255 RUE UNIVERSITY, SUITE 1604 MONTREAL, QUEBEC, CANADA H3B3X-3 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ ZAVE ABERMAN 5/25/00 561-638-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #