## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State P97000066621 DOCUMENT # 1. Entity Name 04-23-2002 90375 002 \*\*\*150.00 ZAVE PROPERTIES SOUTH FLORIDA, INC. Principal Place of Business Mailing Address C/O MITCHELL MCRAE C/O MITCHELL MCRAE 6274 LINTON BLVD. STE 100 6274 LINTON BLVD. STE 100 DELRAY BEACH FL 33484 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0943503 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired - Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCRAE, MITCHELL T Street Address (P.O. Box Number is Not Acceptable) 6274 LINTON BLVD, STE 100 **DELRAY BEACH FL 33484** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **DPVS** TITLE Change ☐ Addition TITLE ☐ Delete aberman. Zavē NAME NAME 1255 RUE UNIVERSITY, SUITE 1604 STREET ADDRESS STREET ADDRESS MONTREAL, QUEBEC, CANADA H3B3X-3 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME aberman. Zave NAME STREET ADDRESS 1255 RUE UNIVERSITY, SUITE 1604 STREET ADDRESS MONTREAL, QUEBEC, CANADA H3B3X-3 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete DIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME

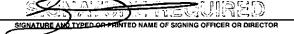
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Date

FILED

Daytime Phone #