

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081132

1. Entity Name

Z. & E., INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90302 030 ***150.00

Principal Place of Business

Mailing Address

2832 NE 21 COURT
FT LAUDERDALE FL 33305-3618

2832 NE 21 COURT
FT LAUDERDALE FL 33305-3618

2. Principal Place of Business

39 STRAND STREET

3. Mailing Address

501 S.W. 16TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHRISTIANSTED

City & State

City & State

ST. CROIX VI

BOYNTON BEACH, FL.

Zip

Country

Zip

Country

00820

USA

33426

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARISI, PETER P
2832 NE 21 COURT
FT LAUDERDALE FL 33305-3618

Name

Street Address (P.O. Box Number is Not Acceptable)
501 S.W. 16TH STREET

City

BOYNTON BEACH

FL

Zip Code

33426

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PARISI, PETER P | |
| STREET ADDRESS | 2832 NE 21 COURT | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33305-3618 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BARAZANY, EYAL | |
| STREET ADDRESS | 4025 DUVAL STREET | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| 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 | 501 SW 16 TH STREET | |
| CITY-ST-ZIP | BOYNTON BEACH, FL. 33426 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER P. PARISI, Dir.

4/28/00

(954) 731-7215

Date Daytime Phone #

CR2E034 (9/99)