

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100765

1. Entity Name

JAY ZIV, P.A.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90190 006 \*\*\*150.00

Principal Place of Business

Mailing Address

7200 NW 7TH STREET

7200 NW 7TH STREET

#333

SUITE #333

MIAMI FL 33126

MIAMI FL 33126-2941

US

US

2. Principal Place of Business

3. Mailing Address

200 SE. 15th ROAD

200 SE. 15th ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16-D

16-D

City & State

City & State

MIAMI FL

MIAMI, FL

Zip

Country

33129

USA

Zip

Country

33129

USA

4. FEI Number

65-0795769

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

ZIV, JAY  
 7200 NW 116TH WAY  
 SUITE #333  
 MIAMI FL 33126

Name  
 JAY ZIV

Street Address (P.O. Box Number is Not Acceptable)

200 SE. 15th ROAD

# 16-D

City MIAMI

FL

Zip Code 33129

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 D  
 NAME ZIV, JAY  
 STREET ADDRESS 7200 NW 7TH STREET #333  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE JAY ZIV ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 200 SE. 15th ROAD #16-D  
 CITY-ST-ZIP MIAMI, FL 33129

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)