

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-15-2002 90106 009 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P-98000053886**

1. Entity Name

SBZZ OF WINTER PARK, INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

190 MORSE BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address **46 BROWN HARBOR****770 LEXINGTON AVE**

Suite, Apt. #, etc.

5TH FL

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FL

City & State

NEW YORK NY

Zip

32789

Country

USA

Zip

10021

Country

USA

4. FEI Number

58-2401225

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

REINERT PETER ESQ

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

40 GORDON, DOWNING, SHAWAN**222 W. COMSTOCK AVE**

City

WINTER PARK FL

Zip Code

32789**DO NOT WRITE IN THIS SPACE**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 15-May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ZICKENDORF, ARTHUR
770 LEXINGTON AVE
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ZICKENDORF, WILLIAM F
770 LEXINGTON AVE
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SWIG, KENT
770 LEXINGTON AVE
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BUBBIS, DAVID
770 LEXINGTON AVE
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)