

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057583

1. Entity Name

TRANZ-PLUS & ASSOCIATES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90107 043 ***150.00

Principal Place of Business
 170 NORTHWEST 207TH WAY
 PEMBROKE PINES FL 33029

Mailing Address
 PO BOX 812398
 BOCA RATON FL 33481

00001007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0849620**

Applied For
 Not Applicable

Zip Country

Zip Country

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

STRUM, GRAY
 210 N UNIVERSITY DRIVE #210
 POMPANO BEACH FL 33071

Name Gray Strum
 Street Address (P.O. Box Number is Not Acceptable)
2745 W. Cypress Creek Rd
 City Ft. Lauderdale **FL** Zip Code 33309

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, 2001 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **BELL, KAREN**
 CITY-ST-ZIP **170 NORTHWEST 207TH WAY**
PEMBROKE PINES FL 33029

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

TITLE ☐ Delete
 NAME **SVD**
 STREET ADDRESS **MICHEL, MADELINE**
 CITY-ST-ZIP **170 NORTHWEST 207TH WAY**
PEMBROKE PINES FL 33029

TITLE ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Michel, Madeline**
 CITY-ST-ZIP **22**
Boca Raton, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/01 Daytime Phone # 561-368-1720

CR2E034 (10/00)