

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063891

1. Entity Name

M Z MANUFACTURING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90184 041 ***150.00

Principal Place of Business

430 MONROE DRIVE
 WEST PALM BEACH FL 33405

Mailing Address

430 MONROE DRIVE
 WEST PALM BEACH FL 33405-2236

2. Principal Place of Business

13625 EDITH RD

Suite, Apt. #, etc.

3. Mailing Address

13625 EDITH RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAXAHATCHEE

City & State

LAXAHATCHEE

4. FEI Number

65-0851622

Applied For

Not Applicable

Zip

Country

FL 33470

Zip

Country

FL 33470

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

ZATORSKI, MARCIN G
 430 MONROE DRIVE
 WEST PALM BEACH FL 33405

Name

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

City

FL

Zip Code

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

MARCIN G ZATORSKI *Marcin G Zatorski* 04.15.00

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** ☐ Delete
 NAME **ZATORSKI, MARCIN G**
 STREET ADDRESS **430 MONROE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Change ☐ Addition
 NAME **Marcin & ~~Marcin~~ Zatorski**
 STREET ADDRESS **13625 Edith Rd.**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

Marcin G Zatorski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.15.00

Date

5617840003

Daytime Phone #

CR2E034 (9/99)