

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90032 036 ***150.00

DOCUMENT # P98000063891

1. Entity Name

M Z MANUFACTURING, INC.

Principal Place of Business

**13625 EDITH RD
 LOXAHATCHEE FL 33470**

Mailing Address

**13625 EDITH RD
 LOXAHATCHEE FL 33470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851622

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

**Marcin Zatorski
 13625 Edith Rd
 Loxahatchee, FL 33470**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **16325 EDITH RD**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 Zatorski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09052001

5617840003

Date

Daytime Phone #

CR2E034 (5/01)

European Quality Woodwork
M-Z Manufacturing
by
Marcin Zatorski

tel.561 784 0003
fax.561 784 7905

13625 Edith rd.
Loxahatchee Fl.33470

A0086165

attachment
#P 98000063891

To: Florida Department of State
Division of Corporations

September 7, 2001

To whom it may concern,

I have recently received the second 2001 Uniform Business Report. This document states that I am supposed to pay \$550.00 by September 12th, 2001. I was very surprised because I have already sent a check for \$150.00 on April 20th, 2001. However, after I checked my records, I realized that my check was never cashed. As per our conversation on September 5th I am resubmitting my check for the original amount (\$ 150.00) with this letter. Thank you for your understanding and I am apologizing for any inconvenience.

Sincerely,

Marcin Zatorski

Marcin Zatorski