2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 29, 2000 8:00 am Secretary of State DOCUMENT # P98000072679 ZG ENTERPRISE INC. 08-29-2000 90031 022 ***150.00 Principal Place of Business Mailing Address 777 N.W. 72ND AVENUE SUITE 2K20 777 N.W. 72ND AVENUE SUITE 2K20 MIAMI FL 33126 MIAMI FL 33126 00082101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0874528 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEITMAN, CRAIG Street Address (P.O. Box Number is Not Acceptable) 777 N.W. 72ND AVENUE SUITE 2K20 **MIAMI FL 33126** Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPST Change ☐ Addition ☐ Delete TITLE TITLE LEITMAN, CRAIG NAME NAME 777 N.W. 7215 Ave. #3P4 STREET ADDRESS STREET ADDRESS 777 N.W. 72ND AVENUE SUITE 2K20 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33126 Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI E TITL F NAME 'NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

TUBE REQUIRED (S) SAMMA CHECKE OR CH

Attachment voc-FT P98000012679 ALAN N. RAZLA, PA DOOZOIOI

> (954) 983 - 9394 Broward (954) 292 - 9246 Broward (954) 983 - 6799 Fax

Florida Office

Alan N. Razla, PA Tax Advisor 3218 Stirling Road Hollywood, FL 33021 Email: wwwcpa@netzero.com

NHSCPA Member AICPA Member New Hamp. Office

Alan N. Razla, PA Certified Public Account 26 South Main Street Suite Concord, NH 03301

July 14, 2000

FI Div of Corporation P.O.Box 6327 Tallahassee, FL 32314

Attn: Annual Reports Section Document #P98000072679 Re: Z.G. Enterprises, Inc.

Dear Sir or Madam:

Enclosed is an annual-report document for Z.G. Enterprises, Inc. Please be advised that neither his office or our office received the first renewal notice for 2000 and consequently did not complete the form as required.

We ask you to please accept the \$150 check for for the 2000 annual report and waive all penalties that resulted from this confusion.

I thank you in advance.

Sincerely

Alan N. Razla, PA