

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2001 8:00 am**  
**Secretary of State**

09-11-2001 90008 038 \*\*\*150.00

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**DOCUMENT # P98000072679**

1. Entity Name  
**ZG ENTERPRISE INC.**

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**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 3 PLAZA 4 Suite 3 Plaza 4**  
 City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0874528** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEITMAN, CRAIG**  
**777 N.W. 72ND AVENUE SUITE 2K20 Suite 3, PLAZA 4**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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. ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST LEITMAN, CRAIG 777 N.W. 72ND AVE SUITE 2K20 MIAMI FL 33126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 3 PLAZA 4</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

8-28-01

CR2E034 (5/01)

AICPA MEMBER

Tax & Accounting Office of

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel  
(954) 983 - 6799 Fax

E-mail: [wwwcpa@netzero.net](mailto:wwwcpa@netzero.net)

**Florida Office:**  
ALAN N. RAZLA, PA  
3218 Stirling Road  
Hollywood, Florida  
33021

**NH Office**  
ALAN N. RAZLA, CPA  
Certified Public Accountant  
26 South Main St. Suite 521  
Concord, NH 03301

B"H

August 29, 2001

Fl Dept. of State  
FL Div. of Corp.

RE: Z. G. Enterprises, Inc.,  
Application for Reinstatement  
Document. No. P98000072679

Dear Sir or Madam:

I am writing to you on behalf of Z. G. Enterprises, Inc., to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State. Enclosed please find a copy of the form we obtained after calling your office. The Company has made a good faith effort to meet the State's filing requirement.

I thank you in advance for your help,

Sincerely,

  
Alan N. Razla, PA

anr:dn

Attachment  
D# P9800072679  
B9800072679  
NHSCPA MEMBER