

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090351

1. Entity Name

Z MARKETING GROUP, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90123 001 \*\*\*150.00

Principal Place of Business

Mailing Address

606 ANDERSON CIRLCE, #202  
DEERFIELD BEACH FL 33441

606 ANDERSON CIRLCE, #202  
DEERFIELD BEACH FL 33065-2161

2. Principal Place of Business

4117 NW 73<sup>RD</sup> WAY

3. Mailing Address

4117 NW 73<sup>RD</sup> WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS FL

Zip

Country

33065

Zip

Country

33065

4. FEI Number

65-0870457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZINGALE, JOE  
606 ANDERSON CIRLCE, #202  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

JOSEPH L. ZINGALE

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

4117 NW 73<sup>RD</sup> WAY

City

CORAL SPRINGS

FL

Zip Code

33065

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, 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

TITLE D ☐ Delete  
NAME ZINGALE, JOE  
STREET ADDRESS 606 ANDERSON CIRLCE, #202  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☐ Delete  
NAME CACOSSA, MARY  
STREET ADDRESS 606 ANDERSON CIRLCE, #202  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JOSEPH L. ZINGALE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4117 NW 73<sup>RD</sup> WAY  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE MARY CACOSSA ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4117 NW 73<sup>RD</sup> WAY  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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

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

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

4/24/00

Daytime Phone #

CR2E034 (9/99)