

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099482

1. Entity Name  
ABUZA ENTERPRISES, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**  
02-14-2000 90056 015 \*\*\*150.00

Principal Place of Business  
BOX 70  
KEY FL 34228

Mailing Address  
P.O. BOX 70  
LONGBOAT KEY FL 34228-0070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0879443**  
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

ABUZA, ZACHARY P  
490 NORTH SHORE ROAD  
UNIT #1  
LONGBOAT KEY FL 34228

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. (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	<input type="checkbox"/> Delete
NAME	ABUZA, ZACHARY P	
STREET ADDRESS	490 NORTH SHORE ROAD, UNIT 1	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABUZA, ADA MAE	
STREET ADDRESS	490 NORTH SHORE ROAD, UNIT 1	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ABUZA ENTERPRISES, INC. By ZACHARY P. ABUZA PRES** 2/00/00 941-383-4030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)