

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105889

1. Entity Name

PZ MANAGEMENT, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90144 022 ***150.00

Principal Place of Business

Mailing Address

10028A WEST MCNAB ROAD
TAMARAC FL 33321

10028A WEST MCNAB ROAD
TAMARAC FL 33321-1815

2. Principal Place of Business

3. Mailing Address

1461 NW 127 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

4. FEI Number

65-0882736

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name JACK D WEXLER

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

1461 NW 127 WAY

City CORAL SPRINGS

FL

Zip Code 33071

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

Jack D Wexler JACK D WEXLER

4-12-00

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 PTD ☐ Delete
NAME WEXLER, JACK D
STREET ADDRESS 10028A WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE SVD ☒ Delete
NAME ZUTIA, MYRA
STREET ADDRESS 10028A WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

TITLE S ☐ Change ☒ Addition
NAME SANDRA WEXLER
STREET ADDRESS 1461 NW 127 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE V ☐ Delete
NAME WEXLER, ROSS
STREET ADDRESS 10028 A W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Jack D Wexler JACK D WEXLER PRESIDENT 4/11/00 954-718-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)