

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90098 001 ***158.75

DOCUMENT # **P99000017938**

1. Entity Name

PZ ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 NW 108 AVE

Suite, Apt. #, etc.

3. Mailing Address

700 NW 108 AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

4. FEI Number

65-0906903

Applied For

Not Applicable

Zip

33324

Country

U.S.

Zip

33324

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PAUL ZIDEL

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

700 N.W. 108 AVE

City

PLANTATION, FL

Zip Code

33324

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P/D
PAUL ZIDEL
700 NW 108 AVE
PLANTATION, FL 33324**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954 476 7989

Date

Daytime Phone #

CR2ED34B (12/01)