

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024013

1. Entity Name

ZBM ENTERPRISES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 031 ***550.00

Principal Place of Business

201 W. DEARBORN ST.
ENGLEWOOD FL 34223

Mailing Address

201 W. DEARBORN ST.
ENGLEWOOD FL 34223-3238

2. Principal Place of Business

2851 AVENUE OF AMERICAS

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

4. FEI Number

59-3600996
18-00-024387-26

Applied For

Not Applicable

Zip

Country

Zip

Country

34224

CHARLOTTE

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

WOJCICKI, ZBIGNIEW S
201 W. DEARBORN ST.
ENGLEWOOD FL 34223

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

Signature, type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOJCICKI, ZBIGNIEW S	
STREET ADDRESS	160 BROADWAY, #207	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOJCICKI, MARY	
STREET ADDRESS	160 BROADWAY, #207	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	(RICHARD) BELCZYNSKI, MARIAN	
STREET ADDRESS	1600 GRAND AVE., E4	
CITY-ST-ZIP	BALDWIN NY 11510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELCZYNSKI, GENEVIEVE J	
STREET ADDRESS	1600 GRAND AVE., E4	
CITY-ST-ZIP	BALDWIN NY 11510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)