

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027200

1. Entity Name

ZKIN, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90086 007 ***150.00

Principal Place of Business

Mailing Address

C/O ROZENCWAIG & GRANOFF
ONE S.E. 3RD AVE., STE. 960
MIAMI FL 33131

C/O ROZENCWAIG & GRANOFF
ONE S.E. 3RD AVE., STE. 960
MIAMI FL 33131-1710

2. Principal Place of Business

16800 N.W. 2ND AVE

3. Mailing Address

16800 N.W. 2ND AVE

Suite, Apt. #, etc.

578 607

Suite, Apt. #, etc.

578 607

City & State

NORTH MIAMI BEACH, FLA

City & State

NORTH MIAMI BEACH FLA

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0908905

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

ROZENCWAIG, LESLIE ALAN
C/O ROZENCWAIG & GRANOFF
ONE S.E. 3RD AVE., STE. 960
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	GALLO, JULIO	ONE S.E. 3RD AVE., STE. 960	MIAMI FL 33131	<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
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16800 N.W. 2ND AVE STE 607
NORTH MIAMI BEACH FLA 33169

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

Date

Daytime Phone #

3/24/2000

305 651
9903

CR2E034 (9/99)