

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030753

1. Entity Name

ZAVEN KAZAN ENTERPRISES TWO, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90017 046 ***150.00

Principal Place of Business

2000 PGA BLVD., SUITE 5503
PALM BEACH FL 33408

Mailing Address

2000 PGA BLVD., SUITE 5503
PALM BEACH FL 33408

2. Principal Place of Business

Same Above

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0912272**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAZAN, ZAVEN
1024 SHADY LAKES CRL
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KAZAN, ZAVEN	
STREET ADDRESS	1024 SHADY LAKES CRL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	ZAVEN KAZAN	<input type="checkbox"/> Delete
NAME	P.R.S.	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	ZAVEN KAZAN	<input type="checkbox"/> Delete
NAME	SECRETARY	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	ZAVEN KAZAN	<input type="checkbox"/> Delete
NAME	V.P.	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZAVEN KAZAN

Date

Daytime Phone #

CR2E034 (10/00)