

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043530

1. Entity Name

RZB, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90094 008 ***150.00

Principal Place of Business

Mailing Address

4716 LAKE CALABAY DRIVE
ORLANDO FL 32737

4716 LAKE CALABAY DRIVE
ORLANDO FL 32837-5434

2. Principal Place of Business

3030 Michigan Ave

3. Mailing Address

3956 Town Center Blvd #305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#355

City & State

Kissimmee FL

City & State

Orlando FL

Zip

34744

Country

USA

Zip

32837

Country

USA

4. FEI Number

59-3517842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A
237 LOOKOUT-PL STE 100
MAITLAND FL 32751

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, 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

TITLE D
NAME BENGYEL, ZSOLT ☐ Delete
STREET ADDRESS 4716 LAKE CALABAY DRIVE
CITY-ST-ZIP ORLANDO FL 32737

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P + D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T + D VP ☒ Change ☒ Addition
NAME Rita Szepes Bengyel
STREET ADDRESS 4716 LK Calabay Dr
CITY-ST-ZIP Orlando FL 32837

TITLE S D ☐ Change ☒ Addition
NAME MARY O'MALLEY
STREET ADDRESS 4741 LK Calabay Dr
CITY-ST-ZIP Orlando FL 32837

TITLE D VP ☐ Change ☒ Addition
NAME MARY O'MALLEY
STREET ADDRESS 4741 LK Calabay Dr
CITY-ST-ZIP Orlando FL 32837

TITLE ☐ Change ☐ Addition
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: *Martin O'Malley* **3-11-00** **4078460443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)