

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000055594**

1. Entity Name

PEZ, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90022 039 ***150.00

Principal Place of Business

Mailing Address

~~2500 HOLLYWOOD BOULEVARD, SUITE 212~~
~~HOLLYWOOD FL 33020~~~~2500 HOLLYWOOD BOULEVARD, SUITE 212~~
~~HOLLYWOOD FL 33020-6615~~

2. Principal Place of Business

3. Mailing Address

1750 W. OAKLAND AVE**1750 W. OAKLAND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT LAUDERDALE, FLORIDA**FT LAUDERDALE, FL**

4. FEI Number

65-0933660

Applied For

Not Applicable

Zip

Country

Zip

Country

33311**U.S.****33311****US**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

KLAPHOLZ, JOSEPH P
C/O MANELLA & KAPHOLZ, LLP
2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD FL 33020

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 State10. 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	P	<input type="checkbox"/> Delete
NAME	ZON, PETER E	
STREET ADDRESS	2811 N.W. 12TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIZRAHI, PABLO	
STREET ADDRESS	2811 N.W. 12TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZON, PETER E	
STREET ADDRESS	2811 N.W. 12TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
indicated on this report or supplemental report is true and accurate and that
of the corporation or the receiver or trustee empowered to execute this
changed, or on an attachment with an address, with all other like empSIGNATURE: **Peter E. Zon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING**President****2/3/00**

Date

954-739-4546

Daytime Phone #

CR2E034 (9/99)