

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063512

1. Entity Name  
ZFLEX INC.

Principal Place of Business

8181 N.W. SOUTH RIVER DRIVE 18841 NW 65 CT  
LOT B#246 Hialeah FL 33015  
MEDLEY FL 33166

Mailing Address

8181 N.W. SOUTH RIVER DRIVE 18841 NW 65 CT  
LOT B#246 Hialeah FL 33015  
MEDLEY FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ABRAHAM, ZORAYA

8181 N.W. SOUTH RIVER DRIVE

LOT B#246

MEDLEY FL 33166 Hialeah, FL 33015

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PVST ☐ Delete  
NAME ABRAHAM, ZORAYA  
STREET ADDRESS 8181 N.W. SOUTH RIVER DRIVE LOT #B246  
CITY-ST-ZIP MEDLEY FL 33166

TITLE D ☐ Delete  
NAME ABRAHAM, ZORAYA  
STREET ADDRESS 8181 N.W. SOUTH RIVER DRIVE LOT #B246  
CITY-ST-ZIP MEDLEY FL 33166

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Did Not Receive

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 JUL 21 AM 9:29



DO NOT WRITE IN THIS SPACE

04-28-00 90080 019 \$ 150.00

4. FEI Number  
65-0934676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR20014 (1/00)

2012

**BLUE  
SIDE  
UP  
GLOBAL**



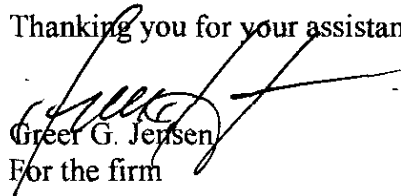
July 18, 2000

Division of Corporations  
PO Box 1500  
Tallahassee Fl. 32302-1500

Dear Mr. Toner:

As per your instructions, enclosed is a signed copy of the corporation ZFLEX , INC.  
The officer did not receive the May 5 2000 report you sent for signature. Enclosed is a  
signed report, and please note the owner did pay the required \$150.00 on April 17, 2000.

Thanking you for your assistance.

  
Greer G. Jensen  
For the firm