## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000071755 Mar 08, 2000 8:00 am Secretary of State ZENITH STAFFING CONSULTANTS, INC. 03-08-2000 90035 021 \*\*\*150.00 Mailing Address Principal Place of Business 1461 NORTHWEST 127TH WAY 1461 NORTHWEST 127TH WAY CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-5446 2. Principal Place of Business 3. Mailing Address 10028 A WEST MCNAB ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0940205 Applied For City & State City & State AMARAC . FL Not Applicable Country \$8.75 Additional 33321 5. Certificate of Status Desired Fee Required KSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACK D. WEXLER SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 61 NW 127 WA) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City CORAL SPRINGS 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 JACK D WEXLER PRESIDENT SIGNATURE : FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITI F ☐ Addition PTD ☐ Delete NAME WEXLER, JACK D NAME STREET ADDRESS STREET ADDRESS 1461 NORTHWEST 127TH WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME WEXLER, ROSS J STREET ADDRESS STREET ADDRESS 1461 NORTHWEST 127TH WAY CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 ☐ Addition ☐ Change ☐ Delete TITLE WEXLER, SANDRA NAME STREET ADDRESS STREET ADDRESS 1461 NORTHWEST 127TH WAY CITY-ST-ZIP CITY-ST-ZIF CORAL SPRINGS FL 33071 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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754-718-7900

Daytime Phone i