

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91586 050 \*\*\*150.00

**DOCUMENT # P99000071755**

1. Entity Name

**ZENITH STAFFING CONSULTANTS, INC.**

Principal Place of Business

**10028 WEST MCNAR ROAD  
TAMARAC FL 33321  
US**

Mailing Address

**1461 NORTHWEST 127TH WAY  
CORAL SPRINGS FL 33071**

**B0082201**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10100 WEST SAMPLE ROAD**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 404**

City & State

**CORAL SPRINGS FL**

City & State

Zip

**33065**

Country  
**USA**

Country

4. FEI Number

**65-0940205**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEXLER, JACK D  
1461 NW 127 WAY  
CORAL SPRINGS FL 33071**

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
WEXLER, JACK D  
1461 NORTHWEST 127TH WAY  
CORAL SPRINGS FL 33071** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WEXLER, ROSS J  
1461 NORTHWEST 127TH WAY  
CORAL SPRINGS FL 33071** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WEXLER, SANDRA  
1461 NORTHWEST 127TH WAY  
CORAL SPRINGS FL 33071** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/D  
JACK D WEXLER  
1461 NW 127 WAY  
CORAL SPRINGS FL 33071** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
ROSS J WEXLER  
1461 NW 127 WAY  
CORAL SPRINGS FL 33071** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/S/D  
SANDRA WEXLER  
1461 NW 127 WAY  
CORAL SPRINGS FL 33071** ☒ Change ☐ Addition

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

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

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

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:

**John D. Wexler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**

Date

**954-718-7900**

Daytime Phone #

CR2E034 (9/01)