2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000086944 **DOCUMENT #**

1. Entity Name

ZENITH GP HOLDINGS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90226 011 ***150.00

					GOO W	ETRU			
Principal Pla	ace of Busines	is	Mailing Address		1				
1000 E. HILL	BORO BLVD				•				
SUITE 100		1500	W. Cypress Creek	Road, Ste.	407				
DEERFIELD E	BEACH FL 334	41 <u>Ft</u> . La	uderdale, FL 333	309			1 1001/1001 FIO 101/10 FOIN BARK 001/1 001/1 A	I A I I A I A I A I A I A I A I A I A I	DINE CIAL ING
O Deinstead	Ot: (D)								
2. Principal Place of Business 3. N			3. Mailing Address	Mailing Address			E DANGEROUGH HAN ENDER HENRY WHOLE STREET WHOLE S		01011 6161 1081
Suite, Apt	t. #. etc.		Suite, Apt. #, etc.				/		•
Sul Sul			Suite, Apr. #, etc.	λιε, Αρι. #, 6ιο.			. 🎽 CHECK HERE IF MAK	ING CHANGES	i
City & Sta	ate		City & State			4.	FEI Number	Ι ΤΔ	pplied For
		·				"	65-0956744		ot Applicable
Zip (Country	Zip Countr		try	_	Contiliants of Change David Land	\$8.75 Ad	
			<u> </u>				Certificate of Status Desired	Fee Require	ed
	6. Name	and Address of Current	Registered Agent			7.	Name and Address of New Register	ed Agent	
DDENNE	D COTT	:		j	Name		•		
BRENNER		ļ	Street Address (P.O. Box Number is Not Acceptable)			-			
1000 E. HILLSBORO BLVD					(Tot Moudplabio)				
SUITE 10									
DEERFIEL	LD BEACH F	L 33441 ′			City			Zip Cod	le I
*A The above	named satis	(submits this statement (Na a constant of the constant					· L	
the obligation	e named entity itions of registi	y submilis triis statement for ered agent.	the purpose of changi	ng its registere	d office or	registered a	gent, or both, in the State of Florida. I a	m familiar with,	and accept
_	-	•							
SIGNATURE		or printed name of registered agent a	- Jaka - B - Ja						
			nd title if applicable.	(NOTE: Registered	Agent signatu	re required when	reinstating) DAT		
		! FEE IS \$150.00					9. Election Campaign Financing	A F 0	•
		3 Fee will be \$550.00 Florida Department of	6 1-4-				Trust Fund Contribution.		May Be f to Fees
	r rayable to		<u></u>						
10.	In-	OFFICERS AND D		11.		Al	DDITIONS/CHANGES TO OFFICERS A		S (N 11
TITLE NAME	D Brenner,	SCOTT	☐ Delete	TITLE		_		Change	☐ Addition
STREET ADDRESS	1000 E. HI	LLSBORO BLVD., STE	100	NAME	T ADDRESS	1500 3	W. Cypress Creek Road, Ste. 4	07	
CITY-ST-ZIP	DEERFIELD) BEACH FL 33441		City-s			w. Cypress Creek Road, Ste. 4 uderdale, FL 33309	07	
TITLE	D		Delete			т. Ба	ddeidale, 1 E 33309		
NAME	HOROWITZ	7. HYMAN	Li Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS					REET ADDRESS 1500 W. Cypress Creek Road, Ste. 407				
CITY-ST-ZIP		BEACH FL 33441		CITY-S		Ft. Lau	iderdale, FL 33309		
TITLE	D		☐ Delete	TITLE	T			Change	Addition
NAME	KOPELMAN			NAME				e onange	Addition
STREET ADDRESS		llsboro blvd., ste 1	00	STREET	ADDRESS	1500	W. Cypress Creek Road, Ste.	407	
CITY-ST-ZIP				CITY-S	ST-ZIP		auderdale, FL 33309	/	
TITLE	D		☐ Delete	TITLE				Change	Addition
	HOROWITZ			NAME	, '				
STREET ADDRESS	DEEDELE O	LLSBORO BLVD., STE10	Ю		ADDRESS		Cypress Creek Road, Ste. 40	1	- (
CITY-ST-ZIP	חבבארובנו	BEACH FL 33441		CITY-S	T-ZIP	Ft. Lau	derdale, FL 33309		
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS				NAME					
CITY-ST-ZIP					ADDRESS				1
				CITY-S	i-ZIP				
TITLE			Delete	TITLE	ľ			Change	☐ Addition
NAME				NAME	1			change	L Addition

12. 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 figured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like grapowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR