

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111872

1. Entity Name

ZENA KINZBRUNNER, P.A.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 91001 024 \*\*\*150.00

Principal Place of Business

Mailing Address

639 EAST OCEAN AVENUE  
SUITE 207  
BOYNTON BEACH FL 33435

639 EAST OCEAN AVENUE  
SUITE 207  
BOYNTON BEACH FL 33435

2. Principal Place of Business

10792 MADISON DRIVE

3. Mailing Address

4801 S. University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3000

City & State

BOYNTON BEACH, FL

City & State

DAVIE, FL

4. FEI Number

65-0970911

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINZBRUNNER, ZENA  
639 EAST OCEAN AVENUE  
SUITE 207  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name Kinzbrunner, Zena  
Street Address (P.O. Box Number is Not Acceptable)  
4801 S. University Drive  
Suite 3000  
City DAVIE FL Zip Code 33328

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 Zena Kinzbrunner. Zena Kinzbrunner

4/19/01

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, 2001 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 D  
NAME KINZBRUNNER, ZENA  
STREET ADDRESS 639 EAST OCEAN AVENUE SUITE 207  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, President  
NAME Kinzbrunner, Zena  
STREET ADDRESS 4801 S. University Dr., St. 3000  
CITY-ST-ZIP DAVIE, FL 33328 ☒ 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

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: Zena Kinzbrunner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

954)680-6114

Daytime Phone #

CR2E034 (10/00)

0505806