

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 91001 024 ***150.00

0505806

DOCUMENT # P99000111872
 1. Entity Name
ZENA KINZBRUNNER, P.A.

Principal Place of Business 639 EAST OCEAN AVENUE SUITE 207 BOYNTON BEACH FL 33435	Mailing Address 639 EAST OCEAN AVENUE SUITE 207 BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

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
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** DATE **4/19/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINZBRUNNER, ZENA 639 EAST OCEAN AVENUE SUITE 207 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, President Kinzbrunner, Zena 4801 S. University Dr., St. 3000 DAVIE, FL 33328
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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* **Zena Kinzbrunner** DATE **4/19/01** DAYTIME PHONE # **954)680-6114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)