

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19142

1. Entity Name

MZ STOCKBRIDGE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90067 008 ***150.00

Principal Place of Business

Mailing Address

2431 N.W. 63RD ST.
BOCA RATON FL 33496

2431 N.W. 63RD ST.
BOCA RATON FL 33496-3333

2. Principal Place of Business

6557 NW 32nd Terrace

3. Mailing Address

6557 NW 32nd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton, FL

4. FEI Number

65-0241367

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZHETLIN, MICHAEL
2431 N.W. 63RD ST.
BOCA RATON FL 33496

Name

Michael Zhetlin

Street Address (P.O. Box Number is Not Acceptable)

6557 NW 32nd Terrace

City

Boca Raton

FL

Zip Code

33496

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

Michael Zhetlin

Michael Zhetlin

1/10/00

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, 2000 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	PTS	<input type="checkbox"/> Delete
NAME	ZHEUTLIN, MICHAEL	
STREET ADDRESS	2431 NW 63 STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ZHEUTLIN, MICHAEL	
STREET ADDRESS	2431 NW 63 STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6557 NW 32 nd Terrace	
CITY-ST-ZIP	Boca Raton FL 33496	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6557 NW 32 nd Terrace	
CITY-ST-ZIP	Boca Raton FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael Zhetlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Zhetlin 1/10/00 561/992/9067

CR2000/000