

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90002 001 ***150.00

DOCUMENT # S19325

1. Entity Name
D. Z. INVESTMENTS, INC.

Principal Place of Business
% BARRY HERSH
100 S.E. 2ND ST., SUITE 2200
MIAMI FL 33131

Mailing Address
% BARRY HERSH
100 S.E. 2ND ST., SUITE 2200
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 N. McGLURG CT.
 Suite, Apt. #, etc.
#1307
 City & State
CHICAGO, IL
 Zip
60611 Country
USA

3. Mailing Address
C/O BARRY HERSH
 Suite, Apt. #, etc.
P.O. Box 562195
 City & State
MIAMI, FL
 Zip
33256-2195 Country
USA

4. FEI Number **65-0314895** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **JEFFREY HERSH, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
708 W. 51 STREET
SUITE 2
 City **MIAMI BEACH** FL Zip Code **33140**

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 **JEFFREY S. HERSH, ESQ.** DATE **2/4/2002**
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSH, BARRY		NAME		
STREET ADDRESS	100 S.E. 2ND ST., #2200		STREET ADDRESS	14510 SW 77 CT	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAIDNER, DAVID		NAME		
STREET ADDRESS	100 S.E. 2ND ST., #2200		STREET ADDRESS	400 N. McGLURG CT, #1307	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **BARRY HERSH** DATE **2/4/02** DAYTIME PHONE # **305-251-3260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)