

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91103 035 ***150.00

DOCUMENT # S54999

1. Entity Name
JZ CORP.

Principal Place of Business
**616 S.E. 19TH STREET
 FT LAUDERDALE FL 33316**

Mailing Address
**333 SUNSET DRIVE
 APT. #702
 FT LAUDERDALE FL 33301**

548517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0274349**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ZULLO, JOHN C
 333 SUNSET DRIVE
 APT. 702
 FT LAUDERDALE FL 33301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	ZULLO, JOHN C	333 SUNSET DR. APT 702 FT LAUDERDALE FL 33301				
	VPD	ZULLO, JAMIE	1749 N.W. 38TH STREET FT LAUDERDALE FL 33309				
	SD	NEMEC, MARIE, ZULLO	333 SUNSET DRIVE APT 702 FT LAUDERDALE FL 33301		VPD	ZULLO, JOHN JAMES	620-2 SE 19 TH STREET, FT. LAUDERDALE, FL. 33316

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: C. John Zullo C. John Zullo 4/23/01 (954) 467-1574
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)