

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90010 049 ***550.00

DOCUMENT # S58712

1. Entity Name
Y.Z. ENTERPRISES, INC.

Principal Place of Business
7810 S W 84TH PLACE
MIAMI FL 33143

Mailing Address
7810 S W 84TH PLACE
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6039 COLLINS AVE
 Suite, Apt. #, etc.
APT 1631
 City & State
MIAMI BEACH FL
 Zip
33140 Country

3. Mailing Address
6039 COLLINS AVE
 Suite, Apt. #, etc.
APT 1631
 City & State
MIAMI BEACH FL
 Zip
33140 Country

4. FEI Number **65-0269799** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MITTLE, BARRY S.
7300 WEST MCNAB ROAD
SUITE 215
TAMARAC FL 33321

7. Name and Address of New Registered Agent
 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 **YACOV ZILBERSTEIN PRES 7/25/01**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZILBERSTEIN, YACOV 7810 S W 84TH PLACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED YACOV ZILBERSTEIN 7/25/01 305-867-4891**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)