

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900003339459--5
-07/28/00--01060--018
***1200.00 ***1200.00

DO NOT WRITE IN THIS SPACE

97-00

DOCUMENT # **V27858**

1. Entity Name
ZEUS Properties

Principal Place of Business Mailing Address
**5641 Orange Dr.
Ft. Lauderdale, FL 33314**

2. Principal Place of Business 3. Mailing Address
5641 Orange Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Lauderdale, FL
Zip Country Zip Country
33314 Broward

4. FEI Number Applied For
59-6721979 Not Applicable

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

6. Name and Address of Current Registered Agent
Charles Scorpia
5641 Orange Dr.
Ft. Lauderdale, FL 33314

7. Name and Address of New Registered Agent
Name **S**
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 **SCORPIO** *Scorpia* **20 June 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			
TITLE	<input type="checkbox"/> Delete		
NAME	Charles Scorpia		
STREET ADDRESS	5641 Orange Dr.		
CITY-ST-ZIP	Ft. Lauderdale, FL 33314		
TITLE	<input type="checkbox"/> Delete		
NAME	Charles Scorpia		
STREET ADDRESS	5641 Orange Dr.		
CITY-ST-ZIP	Ft. Lauderdale, FL 33314		
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			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			
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			
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: *Scorpia* **SCORPIO** **20 June 00**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **954-792-2222**

CR2E034 (9/99)