

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018932

**Entity Name:** BIZ LENDING & INSURANCE CENTER, INC.

**Current Principal Place of Business:**

399 NW 2ND AVE.  
SUITE 206  
BOCA RATON, FL 33432

**Current Mailing Address:**

399 NW 2ND AVE  
SUITE 206  
BOCA RATON, FL 33432 US

**FEI Number:** 36-4570602

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EMS(ESSENTIAL MEETING SERVICES, INC)  
399 NW 2ND AVE  
SUITE 206  
BOCA RATON, FL 33432 US

*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:** SALLY ZALK

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	PRES
Name	ZALK, SALLY M	Name	HALPERIN, MURRAY A
Address	399 NW 2ND AVE 206	Address	399 NW 2ND AVE SUITE 206
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MURRAY HALPERIN

**PRESIDENT**

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date