

IN THE CIRCUIT COURT OF THE 11TH JUDICIAL
CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA
COMPLEX BUSINESS LITIGATION DIVISION

CASE NO: 2019-020646-CA-01

ZORY GROUP, INC.,

Assignor,

To:

MICHAEL I. GOLDBERG,

Assignee.

PROOF OF CLAIM

TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE THIS PROOF OF CLAIM AND
DELIVER IT TO THE ASSIGNEE NO LATER THAN:

NOVEMBER 8, 2019

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Michael I. Goldberg, Assignee
AKERMAN, LLP
350 E. Las Olas Blvd., Suite 1600
Fort Lauderdale, FL 33301
Assignee@akerman.com
Fax: 954-463-2224

1. **CREDITOR NAME (Your name):** _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

Please be sure to notify us if you have a change of address.

2. **BASIS FOR CLAIM:**

Goods Sold

Wages, Salaries and Compensations

Secured Creditor

Services Performed

Taxes

Money Loaned

Customer Deposit

Shareholder

Other: _____

3. **DATE DEBT WAS INCURRED:** _____

4. **AMOUNT OF CLAIM:** _____

5. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. **SIGNATURE:** Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: _____

BY: _____

Signature of Claimant or Representative

Print Name and Title Here