

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-03-2002 90169 050 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012247

1. Entity Name
ZAMERU INVESTMENTS, INC.

Principal Place of Business Mailing Address
5825 COLLINS AVE #7D 5825 COLLINS AVE #7D
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

2. Principal Place of Business 3. Mailing Address
3143 N.E. 211 STREET P.O. BOX 801338

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
AVENTURA, FL AVENTURA, FL

Zip Country Zip Country
33180 33280-1338

4. FEI Number Applied For
05-1091780 Not Applicable

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

6. Name and Address of Current Registered Agent

MINUCHIN, SALOMON
~~**5825 COLLINS AVE #7D**~~ **3143 N.E. 211 STREET**
~~**MIAMI BEACH FL 33140**~~ **AVENTURA, FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ 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 13, 2002 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**

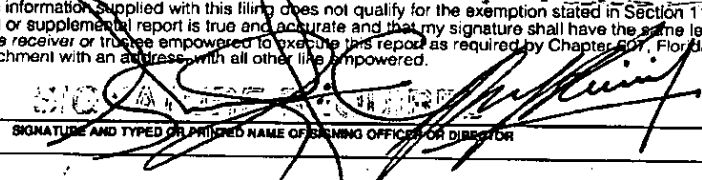
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINUCHIN, SALOMON 5825 COLLINS AVE #7D MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MINUCHIN, RUTH K 5825 COLLINS AVE #7D MIAMI BEACH FL 33140	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3143 N.E. 211 STREET AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3143 N.E. 211 STREET AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/2002 305-466-4993
Date Daytime Phone #

43082

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

43082



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000012247			
1. Entity Name ZAMERU INVESTMENTS, INC.			
Principal Place of Business 5825 COLLINS AVE #7D MIAMI BEACH FL 33140		Mailing Address 5825 COLLINS AVE #7D MIAMI BEACH FL 33140	
2. Principal Place of Business 3143 N.E. 211 STREET		3. Mailing Address P.O. BOX 801338	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180		Zip 33280-1338	
Country		Country	
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINUCHIN, SALOMON 5825 COLLINS AVE #7D MIAMI BEACH FL 33140		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINUCHIN, SALOMON 5825 COLLINS AVE #7D MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> 3143 N.E. 211 STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MINUCHIN, RUTH K 5825 COLLINS AVE #7D MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> 3143 N.E. 211 STREET AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
13. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 signed 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 of this report with an address with all other like empowered.			
SIGNATURE: _____		08/29/2002 305-466-491 Daytime Phone #	

DEPARTMENT OF STATE
2002 UNIFORM BUSINESS REPORT
 CITIBANK
 \$550.
 08/29/2002
 ZAMERU INVESTMENTS, INC.
 P.O. BOX 801338
 AVENTURA, FL 33280-1338
 3292228222
 1235