

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 025 ***150.00

DOCUMENT # P02000073983

1. Entity Name

ZIRIN DISTRIBUTING & CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

10062776

2. Principal Place of Business
134 SW 32ND AVE.

Suite, Apt. #, etc.

3. Mailing Address
134 SW 32ND AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

Zip
33135

Country
USA

City & State
MIAMI FL

Zip
33135

Country
USA

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name **A1A REGISTERED AGENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVENUE SUITE 1036

City **MIAMI**

FL

Zip Code
33131

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

Paul Smith

PAUL SMITH, VICE PRESIDENT

03-04-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**DP
JAMES ZIRIN
134 SW 32ND AVE.
MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Zirin

JAMES ZIRIN, DP

03/28/2003

(305) 467-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)