

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90001 041 ***150.00

DOCUMENT # P99000110033

1. Entity Name
ZEID CONSULTING, INC.

Principal Place of Business 2374 NW 30TH ROAD BOCA RATON FL 33431	Mailing Address 2374 NW 30TH ROAD BOCA RATON FL 33431
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633460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0970108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PETER J. SNYDER, P.A.
190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: **Jacqueline O. Abouzeid**
 Street Address (P.O. Box Number is Not Acceptable):
2374 NW 30th Road
 City: **Boca Raton** FL Zip Code: **33431**

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: *Jacqueline O. Abouzeid* DATE: **2/21/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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: CEO	<input checked="" type="checkbox"/> Delete
NAME: SNYDER, PETER J ESQ	
STREET ADDRESS: 190 WEST PALMETTO PARK ROAD	
CITY-ST-ZIP: BOCA RATON FL 33432	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
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CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director, President, Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Jacqueline O. Abouzeid	
STREET ADDRESS: 2374 NW 30th Road	
CITY-ST-ZIP: Boca Raton, FL 33431	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: *Jacqueline O. Abouzeid* DATE: **2/21/00** DAYTIME PHONE #: **561-783-6385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)