

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90054 023 \*\*\*158.75

**DOCUMENT # S24413**

1. Entity Name  
**SANCHEZ-ZEINALI & ASSOCIATES, INC.**

Principal Place of Business

1430 SOUTH MIAMI AVENUE  
 MIAMI FL 33130-4713  
 US

Mailing Address

1430 SOUTH MIAMI AVENUE  
 MIAMI FL 33130-4713  
 US



2. Principal Place of Business

10305 NW 41 Street

3. Mailing Address

10305 NW 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State  
 Miami, FL

City & State

Miami, FL

4. FEI Number

65-0233471

Applied For

Not Applicable

Zip

Country

33178

Zip

Country

33178

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ-ZEINALI, BETTY  
 SANCHEZ-ZEINALI & ASSOCIATES, INC.  
 1430 SOUTH MIAMI AVENUE  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Sanchez-Zeinali Betty  
 Street Address (P.O. Box Number is Not Acceptable)  
 10305 NW 41 St # 103  
 City Miami FL Zip Code 33178

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	SANCHEZ-ZEINALI, BETTY	
STREET ADDRESS	2121 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZEINALI, FRANK	
STREET ADDRESS	2121 S. BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez-Zeinali, Betty	
STREET ADDRESS	10305 NW 41 St. Suite103	
CITY-ST-ZIP	Miami, Fl 33178	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeinali, Frank	
STREET ADDRESS	10305 NW 41 St. Suite103	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)