

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90224 046 \*\*\*150.00

**DOCUMENT # F00000002043**

1. Entity Name  
**ZACHRIS INC.**

Principal Place of Business  
**403 N.E. 8TH STREET  
 FORT LAUDERDALE FL 33304**

Mailing Address  
**403 N.E. 8TH STREET  
 FORT LAUDERDALE FL 33304**

**974002**



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 **65-0992245**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD., SUITE 508  
 MIAMI FL 33156**

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

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 \$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 **VD** ☐ Delete  
 NAME **CLAUSIN, PIERRE**  
 STREET ADDRESS **16 RUE DE MARNES**  
 CITY-ST-ZIP **92410 VILLE D'ARVAY, FRANCE**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PCD** ☐ Delete  
 NAME **REUTHER, MARK S**  
 STREET ADDRESS **6801 S.W. 17TH STREET**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **WISE, AARON N**  
 STREET ADDRESS **38 CUMMINGS CIRCLE**  
 CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CLAUSIN, VERONIQUE**  
 STREET ADDRESS **16 RE DE MARNES**  
 CITY-ST-ZIP **92410 VILLE D'ARVAY, FRANCE**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **REUTHER, ELIZABETH A**  
 STREET ADDRESS **6801 S.W. 17TH STREET**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other info empowered.

SIGNATURE:

**MARK REUTHER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/02**  
 Date

**954-760-4702**  
 Daytime Phone #

CR2E034 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

0306493 AV

**DOCUMENT #** **F00000002043**

**1. Entity Name**  
**ZACHRIS INC.**

Attachment

**Principal Place of Business**  
**403 N.E. 8TH STREET**  
**FORT LAUDERDALE FL 33304**

**Mailing Address**  
**403 N.E. 8TH STREET**  
**FORT LAUDERDALE FL 33304**

974002



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** **65-0992245**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD., SUITE 508**  
**MIAMI FL 33156**

**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.**

**SIGNATURE** \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAUSIN, PIERRE 16 RUE DE MARNES 92410 VILLE D'ARVAY, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD REUTHER, MARK S 6801 S.W. 17TH STREET PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISE, AARON N 38 CUMMINGS CIRCLE WEST ORANGE NJ 07052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** \_\_\_\_\_ **MARK REUTHER** **4/8/02** **954 760 4702**

CR2E034 (9/01)

ZACHRIS, INC.

Attachment

974002

# E00060002043

001191

INVOICE NO.	REFERENCE	AMOUNT	DISCOUNT	NET AMT.
	52134	0.00	0.00	150.00

DATE

04/15/02

CHECK NUMBER

00001191

CHECK AMOUNT

\$ 150.00



974008

August 8, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Document # F00000002043

Dear Sir or Madam,

On April 15<sup>th</sup>, 2002 we filed the 2002 UBR form along with our check# 1191 for \$150.00. We have recently been notified that your office has not received our payment. Please accept the enclosed check with a copy of our previously filed UBR form and check stub showing payment.

If we can be of further assistance please do not hesitate to contact us.

Kind Regards,

Mark Reuther  
Zachris Inc.  
President