2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 25, 2002 8:00 am
Secretary of State
01-15-2002 90016 041 ***150.00

DOCUMENT # F98000001035

1. Entity Name
Z & S ASSOCIATES, INC.

Principal Place of Business	Mailing Address
13549 MAGNOLIA PARK CT. WINDERMERE FL 34786-7413	13549 MAGNOLIA PARK CT. WINDERMERE FL 34786-7413

[redacted]

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 59-3508851 ☐ 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
MAIWANDI, SAL 13549 MAGNOLIA PARK CT. WINDERMERE FL 34786-7413	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 [signature] 12/28/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MAIWANDI, SAL 13549 MAGNOLIA PARK CT. WINDERMERE FL 34786-7413	☐ Delete	PRESIDENT MAIWANDI SAL 13549 MAGNOLIA PARK CT WINDERMERE, FL 34786-7413	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAIWANDI, ZARI 13549 MAGNOLIA PARK CT. WINDERMERE FL 34786-7413	☐ Delete	DIRECTOR MAIWANDI, ZARI 13549 MAGNOLIA PK CT WINDERMERE, FL 34786-7413	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN GENSHIMER 13549 MAGOLIA PARK CT WINDERMERE, FL 34786	☐ Delete	SECRETARY GENSHIMER, SUSAN 13549 MAGNOLIA PK CT WINDERMERE, FL 34786-7413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SABRINA CHRISTIAN 13549 MAGNOLIA PK CT WINDERMERE, FL 34786	☐ Delete	SECRETARY CHRISTIAN SABRINA 13549 MAGNOLIA PK CT WINDERMERE, FL 34786-7413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 12/28/01 407 654 2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 2/11/02