2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M21557 1. Entity Name ZOMBIE DEVELOPMENT CORPORATION							Jan 21, 2002 8:00 am Secretary of State 01-21-2002 90066 030 ***150.00					
Principal Plac	ce of Business		Mailing Address									
6601 N.W. 14 ST #1 PLANTATION FL 33313			6601 N.W. 14 ST #1									
			PLANTATION FL 33313									
2. Principal Place of Business			3. Mailing Address						 	BABA BABA B	 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City 9 State			City & State				CC1 Alicenda e e			1 100	anlind For	7
City & State			Oity & State			4.	FEI Number	59-262441	4		oplied For ot Applicable	1
Zip Country			Zip	Coun		5. (Certificate o	f Status Desired		3.75 Add e Require		Ì
	6. Name and Address of C	urrent Re	gistered Agent			7. 1	Name and A	Address of New				1
	MAN CTEVEN		~ -		Name		-		. •=			
	Man, steven /. 14 st #1				Street Add	ress (P.O. E	Box Number	is Not Acceptab	ole)			
	ION FL 33313											1
					City				FL	Zip Code	e	1
8. The above	named entity submits this state	ment for th	e purpose of changing its	reaister	! ed office or re	aistered aa	ent, or both	. in the State of F				1
Tax filing	v Signature, typed or printed name of registe oration is eligible to satisfy its Intrequirement and elects to do so ría on back)	angible	FILE NOW!! After May 1, 200 Make Check Payabl	! FEE 2 Fee	will be \$550	.00	10. Elec	tion Campaign F t Fund Contribut			0 May Be	
11.		S AND DIF	ECTORS	12.		AD	DITIONS/C	HANGES TO OF	FICERS AND D	RECTORS	S IN 11	1,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPERMAN, STEVEN 6601 N.W. 14 ST #1 PLANTATION FL		☐ Delete							☐ Change	☐ Addition	
TITLE			☐ Delete	TITL						Change	☐ Addition	18
NAME STREET ADDRESS CITY-ST-ZIP					ie Eet address '-st-zip							
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL						Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			-		EET ADDRESS '-ST-ZIP							i,
TITLE			☐ Delete	TITL	+			<u> </u>		Change	Addition	1
NAME STREET ADDRESS				NAM	EET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
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NAME STREET ADDRESS				STRE	EET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
indicated	certify that the information supplified on this report or supplemental reporation or the receive or truster, or on an attachment with an ad-	report 🎜 tru	e and accurate and that m	y signa	ture shall have	the same I	legal effect	as if made unde	roath: that I am	an officer	or director	

Date

Daytime Phone #