## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000022873

1. Entity Name

ZOYA ENTERPRISES, INC.

**FILED** May 28, 2002 8:00 ams Secretary of State

05-28-2002 91615 002 \*\*\*550.00

Principal P	lace of Business	Mailing Address								
8930 ANGELICA DRIVE ORLANDO FL 32836		8990 ANGELICA DRIVE ORLANDO FL 32836				1 (82(188)				
2. Principa	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.					DO NOT WRIT	E INITHIO O	D405	
City & St	ate	Ch. 9 O	City & State					E IIV I MISS	PACE	
		Oity & State			4.	. FEI Number	59-3628448	. स्ट्रेंटर	_	Applied For
Zip	Country	Zip	Count	try	5.	Certificate of	Status Desired		8.75 A	Not Applicable dditional
	6. Name and Address of Curren	t Registered Agent	٠				Idress of New Re	_ F	ee Requi	red
I IOO A LIII	-	<del></del>		Name	·	Traine and Ac	iuress or New He	gistered A	gent	
IBRAHIM	1, IAZIM IGELICA DRIVE		Street Addre			Box Number is	Not Acceptable)			
	00 FL 32836		}	<del></del>						
	70 1 2 02000									
	······································		]	City				FL	Zip Co	de
8. The above	e named entity submits this statement f	or the purpose of changing its	s registere	d office or	registered a	gent, or both, is	n the State of Flori		<u> </u>	
SIGNATURE						- '				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signatu	re required when i	reinstating)		DATE		
9. This corp	oration is eligible to satisfy its Intangible									
Tax filing requirement and elects to do so.  (See criteria on back)		After May 1, 200	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		50.00	10. Electio Trust F	n Campaign Finar und Contribution.	ncing	\$5.0	00 May Be d to Fees
11.	OFFICERS AND	DIRECTORS	12.	Jartinent						
TITLE	PSTD	□ Delete	TITLE		AL	JULIONS/CHA	ANGES TO OFFIC			
NAME STREET ADDRESS	IBRAHIM, TAZIM		NAME					L	_ Change	☐ Addition
CITY-ST-ZIP	8930 ANGELICA DRIVE ORLANDO FL 32836		STREET CITY-S	ADDRESS T-ZIP						
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	artific that the sistematical artificial art		CITY-ST-							
inereby ce	ertify that the information supplied with t	his filing does not qualify for th	ha avamat	ion state d	in One of the			<del>_</del>		

13 indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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

SIGNATURE: