

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90045 050 ***158.75

0156411 AV

DOCUMENT # P00000046678

1. Entity Name
ZATASJ, INC.

Principal Place of Business
3252 FOXCROFT ROAD APT 101
MIRAMAR FL 33025

Mailing Address
3252 FOXCROFT ROAD APT 101
MIRAMAR FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3252 Foxcroft Rd Apt 101
 Suite, Apt. #, etc.
Apt # 101

3. Mailing Address

3252 Foxcroft Rd
 Suite, Apt. #, etc.
Apt # 101

City & State
MIRAMAR FL

City & State
MIRAMAR FL

4. FEI Number **NOT APPLICABLE**

Applied For
☒ **Not Applicable**

Zip **33025** **Country** **BROWARD**

Zip **33025** **Country** **BROWARD**

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

GLENN, TAURISAC
3252 FOXCROFT ROAD APT 101
MIRAMAR FL 33025

Name **Glenn Taurisac**
Street Address (P.O. Box Number is Not Acceptable)
3252 Foxcroft Rd Apt #101
City **MIRAMAR** **FL** **Zip Code** **33025**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLENN, TACRISAC 3252 FOXCROFT ROAD APT 101 MIRAMAR FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, XAVIER 20681 NW MIAMI COURT MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURNEY-ANTHOKEYA 3221 WILLIAMS AVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, SAMANTHA 20681 NW MIAMI COURT MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC ARLINGTON, BURNEY 3221 WILLIAMS AVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Glenn Taurisac **Glenn**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02 (954) 704-2537
 Date Daytime Phone #

CR2E034 (9/01)