2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
04-24-2003 90212 019 ***158.75

4/2

DOCUMENT # P00000046678

1. Entity Name
ZATASJ, INC.

Principal Place of Business	Mailing Address
7630 NW 14TH AVENUE MIAMI FL 33147	7630 NW 14TH AVENUE MIAMI FL 33147

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1765 Suite, Apt. #, etc.
City & State	City & State: Hallandale FL
Zip / Country	Zip: 33008 / Country: Broward

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: NOT APPLICABLE ☐ 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
GLENN, TAURISAC 3252 FOXCROFT ROAD APT 101 MIRAMAR FL 33025	Name: TAURISAC GLENN Street Address (P.O. Box Number is Not Acceptable): 8865 NW 48 ST City: SUNRISE FL Zip Code: 33351

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GLENN TAURISAC 8865 N.W. 48ST SUNRISE, FL 33351	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, XAVIER 116 SE 4 ST APT 11 # HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH XAVIER P.O BOX 1765 Hallandale, FL 33008-1765	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BURNEY, ANTHOKEYA 3221 WILLIAMS AVE MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, SAMANTHA 116 SE 4 ST APT 11 # HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH SAMANTHA P.O. BOX 290112 Davie, FL 33329-0112	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FC ARLINGTON, BURNEY 3221 WILLIAMS AVE MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (DV) 4-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #