FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049882 YR 2002

1. Entity Name

Z.A.A. ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13745 HUNTSWICK DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State
Zip: 32837 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3645553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ABDELRAHMAN,ZAFIR

Street Address (P.O. Box Number is Not Acceptable)

13745 HUNTSWICK DR

City: ORLANDO FL. Zip Code: 32837

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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	ABDELRAHMAN, ZAFIR
STREET ADDRESS	13745 HUNTSWICK DR
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	SD
NAME	MOHAMMADIAN, SHEILA
STREET ADDRESS	13745 HUNTSWICK DR
CITY-ST-ZIP	ORLANDO FL 32837
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ZAFIR ABDELRAHMAN 10/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jm 10/23/02