

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079029 ✓
1. Entity Name: ZTUI CORP.

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90021 001 ***158.75

Principal Place of Business: 2020 NW 7 ST.
MIAMI, FLORIDA 33125
Mailing Address: 2020 NW 7 ST.
MIAMI, FLORIDA 33125

2. Principal Place of Business: 2020 NW 7 ST.
Suite, Apt. #, etc.
3. Mailing Address: 2020 NW 7 ST.
Suite, Apt. #, etc.

City & State: MIAMI, FLORIDA
Zip: 33125 Country: USA
City & State: MIAMI, FLORIDA
Zip: 33125 Country:

4. FEI Number: 65-1035310
Applied For: Not Applicable

5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOHAMAD S. SALEH
2020 NW 7 ST.
MIAMI, FL. 33125

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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: 3/27/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MOHAMAD SONNY SALEH	
STREET ADDRESS	2370 SW 123 AV.	
CITY-ST-ZIP	MIAMI, FLORIDA 33125	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	LEO GARCIA	
STREET ADDRESS	5850 SW 52 Terrace	
CITY-ST-ZIP	MIAMI, FLORIDA 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2001

Date

Daytime Phone #

305-962-3444

CRZE034 (11/00)