

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 034 ***150.00

DOCUMENT # P01000009301

1. Entity Name

Zahra Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

272 Villa Verde Road

Suite, Apt. #, etc.

3. Mailing Address

272 Villa Verde Road

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip
32080

Country

St. Johns

City & State

St. Augustine, FL

Zip
32080

Country

St. Johns

4. FEI Number

59-3693883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth M. Kirschner

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

50 North Laura Street, Suite 2800

City Jacksonville

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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)

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 Emile Ellis Zahra, III
STREET ADDRESS 272 Villa Verde Road
CITY-ST-ZIP St. Augustine, FL 32080

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IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

(204) 461-1457

Daytime Phone #

CR2E034B (12/01)