

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000011586

1. Entity Name
ZUBAIDA INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-30-2002 91601 018 ***150.00

DO NOT WRITE IN THIS SPACE

95999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9409 US HWY 19 Suite, Apt. #, etc. STE 271 City & State PORT RICHEY, FL Zip 34668		3. Mailing Address 9235 YELLOW LAKE DR. Suite, Apt. #, etc. City & State NEW PORT RICHEY, FL Zip 34654		4. FEI Number 059-3694132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ZUBAIDA ZAFRULLAH

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

9235 YELLOW LAKE DR

City
NEW PORT RICHEY FL Zip Code
34654

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 Zubaida Zafullah

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-29-2002
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZUBAIDA ZAFRULLAH 9235 YELLOW LAKE DR. NEW PORT RICHEY, FL 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2034B (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)(j), 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:

Zubaida Zafullah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-29-2002

Date

Daytime Phone #