

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90264 031 ***150.00

DOCUMENT # **P01000019887**

1. Entity Name
ZARINA ENTERTAINMENT CORP.



Principal Place of Business
**780 NORTHWEST LE JEUNE ROAD
SUITE 516
MIAMI FL 33126**

Mailing Address
**780 NORTHWEST LE JEUNE ROAD
SUITE 516
MIAMI FL 33126**

2. Principal Place of Business
**19390 COLLINS AVE
Suite, Apt. #, etc.
309-A.**

3. Mailing Address
**19390 COLLINS AVE
Suite, Apt. #, etc.
309-A**

City & State
SUNNY ISLES BEACH

City & State
SUNNY ISLES BCH, FL

4. FEI Number **65-1083707**

Applied For
 Not Applicable

Zip **33160**

Country

Zip **33160**

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PIEDRA, AURELIA A CPA
780 NW LE JEUNE RD
#516
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name
JOSE VEGA
Street Address (P.O. Box Number is Not Acceptable)
2555 SW 2ND AVE #410
MIAMI
City **FL** Zip Code **33137**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DV** Delete
NAME **LARROCA DE KOTTAR, MARTA INES**
STREET ADDRESS **780 NORTHWEST LE JEUNE ROAD SUITE 516**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DV** Change Addition
NAME **LARROCA DE KOTTAR, MARTA INES**
STREET ADDRESS **19390 COLLINS AVE # 309-A.**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **S** Delete
NAME **KOTTAR, FLAVIO P**
STREET ADDRESS **780 NORTHWEST LE JEUNE ROAD SUITE 516**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S** Change Addition
NAME **KOTTAR, FLAVIO P**
STREET ADDRESS **19390 COLLINS AVE # 309-A**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **PT** Delete
NAME **LARROCA DE KOHAR, MARTA INES**
STREET ADDRESS **780 NW LE JEUNE #516**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PT** Change Addition
NAME **LARROCA DE KOTTAR, MARTA INES**
STREET ADDRESS **19390 COLLINS AVE # 309-A.**
CITY-ST-ZIP **SUNNY ISLES BCH, FL 33160**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 names empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Preidate (305) 7927693**
Date Daytime Phone #

CR2E034 (10/02)