

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 020 ***150.00

DOCUMENT # *P01000044840*

1. Entity Name

ZAINAB ENTERPRICE INC.



30102632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

West 192 Kissimmee

3. Mailing Address

159 Heavenwood Ct

Suite, Apt. #, etc.

5725

Suite, Apt. #, etc.

159

City & State

FL 33837

City & State

Davenport FL

Zip

33837

Country

Zip

33837

Country

FL

4. FEI Number

154-92-4972

Applied For

No: Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Zainab Habib

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

159 Heavenwood Ct

City

Davenport

FL

Zip Code

33837

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 address

(NOTE: Registered Agent signature required when changing agent)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

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

407-460-2308

Date

Daytime Phone

CR2E034B (12/02)