

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90174 037 ***150.00

DOCUMENT # P01000072042

1. Entity Name
ZATE-OU-ZATAR CORP.



Principal Place of Business
1444 BISCAYNE BLVD.
SUITE 103
MIAMI FL 33131

Mailing Address
1444 BISCAYNE BLVD.
SUITE 103
MIAMI FL 33131

22003113



2. Principal Place of Business
2121 Ponce de Leon Blvd.

3. Mailing Address
532 Aragon Ave

Suite, Apt. #, etc.
199

Suite, Apt. #, etc.
N/A

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
DADE

Zip
33134

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1138255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KARBORANI, ALPHONSE
1444 BISCAYNE BLVD.
SUITE 103
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Alphonse Karborani
Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.
Coral Gables, FL 33134
City
DADE FL Zip Code
33134

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTS	KARBORANI, ALPHONSE	1444 BISCAYNE BLVD.#103	MIAMI FL 33131	<input type="checkbox"/> Delete
				Address Change
V	KARBORANI, ANN	1444 BISCAYNE BLVD.#103	MIAMI FL 33131	<input type="checkbox"/> Delete
				Address Change
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTS	KARBORANI Alphonse	532 Aragon Ave	Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	Karborani ANN	532 Aragon Ave	Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 448-7550

CR2E034 (10/02)