2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000073700 **DOCUMENT #**

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State

ZAHARIC	OM, INC.			03-03-2003 90403 012	130.00	
Principal Place of Business 2447 EAGLE RUN WAY WESTON FL 33327		Mailing Address 8345 NW 66 STREET #4110 MIAMI FL 33166-2626			N 1881) 881) 881	
2. Principal Place of Business		3. Mailing Address			[66] 53] 63 1 56]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1124452	Applied For Not Applicable	
Zip	Country	Zip	Country		75 Additional Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
REIHOSO, DIEGO			Name	•		
2447 EAGLE RUN WAY WESTON FL 33327			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
WESTON PL 3332/			City	City FL Zip Code		
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Florida. I am familia	r with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f 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 DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REINOSO, DIEGO A 2447 EAGLE RUN WAY WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c	hange	
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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 of the 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 ecciver or trustae 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 like empowered.

SIGNATURE:

remiegorire inoso SIGNATURE AND TYPED OF BINTED NAME OF SIGNING OFFICER OR DIRECTOR