

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90173 042 \*\*\*550.00

DOCUMENT # **P01000110002**

1. Entity Name  
**ZENARIC, INC.**



Principal Place of Business  
**1506 WHITEHALL DR. APT 303  
FT LAUDERDALE FL 33324**

Mailing Address  
**1506 WHITEHALL DR. APT 303  
FT LAUDERDALE FL 33324**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1155298**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COHEN, RICHARD~~  
~~1506 WHITEHALL DR, APT 303~~  
~~FT LAUDERDALE FL 33324~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Richard Cohen*

DATE **07/03/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

After September 10, 2003 Fee will be \$750.00

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, RICHARD</b>	
STREET ADDRESS	<b>1506 WHITEHALL DR. APT#303</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33324</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Richard Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **07/03/03**  
Daytime Phone #

CR2E034 (4/03)

Attachment



90151409

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 6, 2003

ZENARIC, INC.  
1506 WHITEHALL DR, APT 303  
FT LAUDERDALE, FL 33324

SUBJECT: ZENARIC, INC.  
Ref. Number: P01000110002

We have received your document for ZENARIC, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 603A00045159

\* Included is check  
for complete  
fee, sent 8/15/03