

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90989 036 ***150.00

DOCUMENT # **201674**

1. Entity Name

ZAKITEK DEVELOPMENT , INC.

Principal Place of Business

Mailing Address

M. Robert Bosso/Bosso Realty Serv., Inc.

13955 U.S. HIGHWAY No. 1

JUNO BEACH , FL. 33408

C0058814

2. Principal Place of Business

13955 U.S. Highway No.1

Suite, Apt. #, etc.

3. Mailing Address

13955 U.S. Highway No. 1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Juno Beach

Fl.

City & State

Juno Beach ,

Fl.

4. FEI Number

59-0753172

Applied For

Not Applicable

Zip

33408

Country

U.S.A.

Zip

33408

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Bosso , M. Robert
 Bosso Realty Services , Inc.
 13955 U.S. Highway No. 1
 Juno Beach , Fl. 33408**

7. Name and Address of New Registered Agent

Name

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

13955 U.S. Highway No. 1

City
Juno Beach

FL

Zip Code
33408

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
 NAME **Soued , Mayer**
 STREET ADDRESS **6850 Korczak**
 CITY-ST-ZIP **Montreal , Quebec , Canada H4W 2W5**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Robert Bosso, Agent *4/18/2001* *561-844-5500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)