

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90194 028 \*\*\*150.00

0419912 AV

**DOCUMENT # P02000022993**

1. Entity Name  
**ZION TRAIN, INC.**



Principal Place of Business  
**1919 TERRACE DRIVE E  
LAKE WORTH FL 33460**

Mailing Address  
**1919 TERRACE DRIVE E  
LAKE WORTH FL 33460**



2. Principal Place of Business

**3345 N. HILLSBORO BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**1919 TERRACE DR. E.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**DEERFIELD BEACH, FL.**  
Zip **33442** Country **U.S.A.**

City & State

**LAKE WORTH, FL.**  
Zip **33460** Country **U.S.A.**

4. FFL Number

**68-0499069**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHERKISS, RICHARD J  
1919 TERRACE DRIVE E  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

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 J. Cherkiss* (Signature)  
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHERKISS, RICHARD J</b>
STREET ADDRESS	<b>1919 TERRACE DRIVE E</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARTER, KEVIN L</b>
STREET ADDRESS	<b>1919 TERRACE DRIVE E</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARTER, SHIMA B</b>
STREET ADDRESS	<b>1919 TERRACE DRIVE E</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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 J. Cherkiss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03 954-427-9887**  
Date Daytime Phone #

CR2E034 (10/02)