

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P02000045983

1. Entity Name

PLATINUM BY ZAK INC

Principal Place of Business  
9401 W. COLONIAL DR  
STE542  
OCOE, FL  
34761

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

03  
MRS

4. FEI Number

82-0541103

Applied For

Not Applicable

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

ZAID QASEM  
9401 W COLONIAL DR STE 542  
OCOE, FL 34761

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.

SIGNATURE

*[Signature]*

ZAID QASEM

10/22/2003

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
ZAID QASEM  
9401 W COLONIAL DR # 542  
OCOE, FL 34761 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*[Signature]*

ZAID QASEM

10/22/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)

**PLATINUM BY ZAX  
INC**

**9401 W COLONIAL  
OCOE, FL 34761**

PLATINUM BY ZAX INC  
9401 W COLONIAL  
OCOE, FL 34761  
lando, fl. 32805

Phone: 407 822-7272  
FAX: 407 299-12-89  
email:

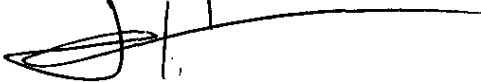
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Thursday, October 23, 2003

I did not receive the UBR notice that advised me that my company intent to dissolve after September 1. Therefore I am requesting a waiver of reinstatement fee and penalty.

If there is any questions or concern please call me at the office.

Cordially Yours

A handwritten signature in dark ink, appearing to read 'Zaid, Qasem', with a long horizontal flourish extending to the right.

ZAID, QASEM