2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90411 024 ***158.75

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DOCUMENT # P02000053606

1. Entity Name
GABY Z ENTERTAINMENT CORP.

Principal Place of Business	Mailing Address
3400 GALT OCEAN DR. APT. 910 SOUTH FORT LAUDERDALE FL 33308	3400 GALT OCEAN DR. APT. 910 SOUTH FORT LAUDERDALE FL 33308

2. Principal Place of Business	3. Mailing Address
3754 SAN SIMEON CL.	3754 SAN SIMEON CL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESSON FLORIDA	City & State: WESTON, FLORIDA
Zip: 33331 / Country: BROWARD	Zip: 33331 / Country: BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0693344 ☐ 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
ZYSERMAN, GABRIEL A 3400 GALT OCEAN DR. APT. 910 SOUTH FORT LAUDERDALE FL 33308	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 GABRIEL ZYSERMAN PRESIDENT
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZYSERMAN, GABRIEL A	NAME	
STREET ADDRESS	3400 GALT OCEAN DR. APT. 910 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED GABRIEL ZYSERMAN PRESIDENT 03/01/03 786-326-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #