

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90139 009 ***150.00

DOCUMENT # P02000065055

1. Entity Name
ZAIDENSTAT INVESTMENTS CORP.



Principal Place of Business
1010 S.W. 137TH PLACE
MIAMI FL 33184

Mailing Address
1010 S.W. 137TH PLACE
MIAMI FL 33184



2. Principal Place of Business

13330 SW 1 ST

3. Mailing Address

13330 SW 1 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL 33184

City & State
MIAMI FL

4. FEI Number
35-2171317

Applied For
Not Applicable

Zip
33184

Country

Zip
33184

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

ZAIDENSTAT, MORRIS
1010 S.W. 137TH PLACE
MIAMI FL 33184

Name
MORRIS ZAIDENSTAT

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

13330 SW 1 ST

City **MIAMI** **FL** **Zip Code** **33184**

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **ZAIDENSTAT, MORRIS**
STREET ADDRESS **1010 S.W. 137TH PLACE**
CITY - ST - ZIP **MIAMI FL 33184**

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

TITLE ☐ **Delete**
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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 line empowered.

SIGNATURE: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)