

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90195 021 ***150.00

DOCUMENT # P02000096468

1. Entity Name
ZETA DIRECT, INC.



Principal Place of Business

~~2875 NE 191 ST.~~

~~604~~

~~AVENTURA FL 33180~~

Mailing Address

2875 NE 191 ST.

604

AVENTURA FL 33180

2. Principal Place of Business

21008 NE 34 CT

Suite, Apt. #, etc.

3. Mailing Address

21008 NE 34 CT

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura - FL

4. FEI Number

68-0519818

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PERLMAN, ALBERTO

~~2875 NE 191 ST.~~

~~604~~

~~AVENTURA FL 33180~~

7. Name and Address of New Registered Agent

Name

Perlman, Alberto

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

21008 NE 34 CT

City

Aventura

FL

Zip Code

33180

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 **Alberto Perlman CEO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/03

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 **CEO** ☐ Delete
NAME **PERLMAN, ALBERTO**
STREET ADDRESS **2875 NE 191 ST (SUITE 604)**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
NAME **21008 NE 34 CT**
STREET ADDRESS **Aventura, FL 33180**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Alberto Perlman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

(305) 467-8684

Daytime Phone #

CR2E034 (10/02)