

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90759 001 *****8.75
02-21-2003 90759 002 ***150.00

DOCUMENT # P02000131515

1. Entity Name
3ZEES CORP.



Principal Place of Business
**701 BRICKELL KEY BLVD.
SUITE # 912
MIAMI FL 33131**

Mailing Address
**701 BRICKELL KEY BLVD.
SUITE # 912
MIAMI FL 33131
US**

2. Principal Place of Business
**3690 W. FLAGLER ST.
Suite, Apt. #, etc.**

3. Mailing Address
**3690 W. FLAGLER ST.
Suite, Apt. #, etc.**

City & State
MIAMI - FL. 33135
Zip
33135
Country
U.S.A.

City & State
MIAMI - FL. 33135
Zip
33135
Country
U.S.A.

4. FEI Number
65-1163673
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOHAIL, AHMED
701 BRICKELL KEY BLVD.
912
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
SOHAIL AHMED
Street Address (P.O. Box Number is Not Acceptable)
363 ARAGON AVE. #618W
City
CORAL GABLES FL Zip Code
33134

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

(NOTE: Registered Agent signature required when reinstating)

2/20/03
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 PRESIDENT	<input type="checkbox"/> Delete
NAME SOHAIL AHMED	
STREET ADDRESS 363 ARAGON AVE. #618W	
CITY-ST-ZIP CORAL GABLES - FL. 33134	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME KAVITA AHMED	
STREET ADDRESS 363 ARAGON AVE. #618W	
CITY-ST-ZIP CORAL GABLES - FL. 33134	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SOHAIL AHMED	
STREET ADDRESS 363 ARAGON AVE. #618W	
CITY-ST-ZIP CORAL GABLES - FL. 33134	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAVITA AHMED	
STREET ADDRESS 363 ARAGON AVE. #618W	
CITY-ST-ZIP CORAL GABLES - FL. 33134	
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	
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: **Sohail Ahmed**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 **305-444-4912**
Date Daytime Phone #

CR2E034 (10/02)