

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000008594

1. Entity Name

ZAGROSS CONSTRUCTION INC.



05 NOV 14 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4721 Southwest 74 Avenue

3. Mailing Address  
~~the same~~ P.O. Box 833322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, FL

Zip  
33155

Country

Zip

33283

Country

REINSTATEMENT

04-05

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0382513

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City  
Miami

FL

Zip Code  
33145

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. SPIEGEL & UTRERA, P.A.

SIGNATURE By: *Natalia Utrera*

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
Kamali, Neida  
4721 Southwest 74 Avenue, Miami, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000061912330  
12/05/05--01057--002 \*\*300.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Neida Kamali* Neida Kamali  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/05  
Date

Daytime Phone #

CR2E034B (12/02)