

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91105 022 ***150.00

DOCUMENT # P93000024587

1. Entity Name

B. ZASLAV, Enterprises, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11493 S.W. 9 Street

Suite, Apt. #, etc.

Ft. Lauderdale

City & State

FL.

Zip

33325

Country

Broward

3. Mailing Address

11493 S.W. 9 Street

Suite, Apt. #, etc.

Ft. Lauderdale,

City & State

FL.

Zip

33325

Country

Broward

4. FEI Number

65-0405286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7: Name and Address of Current Registered Agent

Name

ZASLAV, BLAIR

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

11493 S.W. 9 Street

Ft. Lauderdale

City

FL

Zip Code

33325

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

Blair Zaslav

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

(NOTE: Registered Agent signature required when reinstating)

March 14, 2003

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
DP
ZASLAV, BLAIR
11493 S.W. 9 Street
Ft. Lauderdale, FL 33325

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E034B (12/02)

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

SIGNATURE:

Blair Zaslav

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2003

Date

Daytime Phone #