

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90708 001 ***600.00

DOCUMENT # P93000036222

1. Entity Name

ZAKAVEST CORP.

Principal Place of Business

533 NE 13TH ST
 FT LAUDERDALE FL 33304
 US

Mailing Address

533 NE 13TH ST
 FT LAUDERDALE FL 33304
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SAME AS ABOVE

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0413573

Applied For

Not Applicable

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

ZAKAS, SPIROS M
 533 NE 13TH ST
 FT LAUDERDALE FL 33304

Name

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

City

FL

Zip Code

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.

SIGNATURE SPIROS ZAKAS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
 NAME ZAKAS, SPIROS M
 STREET ADDRESS 1200 VAN BUREN ST
 CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
 NAME ZAKAS, PETER M
 STREET ADDRESS 150 DEERCLIFF COVE
 CITY-ST-ZIP LAWRENCEVILLE GA

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)