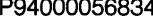
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P94000056834

1. Entity Name Z.K.H.S. INC.





Principal Place of Business 9590 N.W. 27TH COURT CORAL SPRINGS FL 33065

Mailing Address 9590 N.W. 27TH COURT CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip



01-30-2003 90174 020 ***150.00



MUNIVE, NELSON 9590 N.W. 27TH COURT **CORAL SPRINGS FL 33065** Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

Zip

FILE NOW!!! FEE IS \$150.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete ☐ Change ZULAY, MUNIUC NAME NAME 9590 N.W. 27TH COURT STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CITY-ST-ZIP NELSON HUNIVE ☐ Delete Change ☐ Addition TITLE NAME 9590 NW 27 Ct CORAL SPRING SFL 33065 STREET ADDRESS STREET ADDRESS President CITY-ST-ZIE CITY-ST-ZIE TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 accurate any this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with an

SIGNATURE: