

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050885

1. Entity Name
ZAID ENTERPRISES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90064 015 ***150.00

Principal Place of Business

**1632 NE 105TH STREET
MIAMI SHORE FL 33138**

Mailing Address

**1632 NE 105TH STREET
MIAMI SHORE FL 33138**

2. Principal Place of Business

**2845 S.W. 92 Ave
Suite, Apt. #, etc.
Miami, FL.**

3. Mailing Address

**2845 S.W. 92 AVE.
Suite, Apt. #, etc.**

City & State

**33165 Dade
Zip Country
USA**

City & State

**MIAMI, FL
Zip Country
33165 USA**

4. FEI Number

65-0600895

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

**DIAZ, ADELFA
1632 NE 105TH STREET
MIAMI SHORE FL 33138**

Name

Diaz Adelfa

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

2845 S.W. 92 Ave

MIAMI

City

F

FL

Zip Code

33165

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**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 **VPS** ☐ Delete
NAME **DIAZ, ALBERTO**
STREET ADDRESS **1314 NE 105TH STREET**
CITY-ST-ZIP **MIAMI SHORE FL 33138**

TITLE **VPS** ☒ Change ☐ Addition
NAME **DIAZ, ALBERTO**
STREET ADDRESS **1632 N.E. 105 ST.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **PT** ☐ Delete
NAME **DIAZ, ADELFA**
STREET ADDRESS **1632 NE 105TH STREET**
CITY-ST-ZIP **MIAMI SHORE FL 33138**

TITLE **PT** ☒ Change ☐ Addition
NAME **ADELFA DIAZ**
STREET ADDRESS **2845 S.W. 92 Ave.**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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

ADELFA DIAZ PT

Date

1/10/2001

Daytime Phone #

**(786) 3951024
(305) 2663511**

CR2E034 (10/00)