## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P9500064512 1. Entity Name ZIA TRADITIONS, INC. 02-05-2001 90014 013 \*\*\*150.00 Principal Place of Business Mailing Address 1700 CLEVELAND STREET. #208 1700 CLEVELAND STREET. #208 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0613237 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name PACITTI, DONNA J Street Address (P.O. Box Number is Not Acceptable) 1901 NORTH ANDREWS AVENUE #220 FT. LAUDERDALE FL 33311 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 7 Change ☐ Addition TITLE ☐ Detete TITLE NAME PACITTI, DONNA J 1700 Cleveland ST, #208 STREET ADDRESS STREET ADDRESS 1901-NORTH-ANDREWS AVE. #220 HOllywood FL 33020 CITY-ST-ZIP CITY-ST-ZIP FT-LAUDERDALE FL 33311 ☐ Addition ☐ Delete TITLE TITLE NAME PACITTI, JOANNE M NAME 100 Cleveland ST #208 bollywood FL 33020 STREET ADDRESS STREET ADDRESS 1901 NORTH ANDREWS AVE: #220 CITY-ST-ZIP CITY-ST-ZIP FT.-LAUDERDALE FL-33311 ☐ Addition\_ \_ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**