

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069409

1. Entity Name
ZAND ENTERPRISE, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90065 017 ***150.00

Principal Place of Business
1301 BEVILLE RD
UNIT 19
DAYTONA BEACH FL 32119
US

Mailing Address
1301 BEVILLE RD
UNIT 19
DAYTONA BEACH FL 32119
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301 Beville Road
Suite, Apt. #, etc. Unit 7
City & State Daytona, FL
Zip 32119 Country USA

3. Mailing Address
1301 Beville Rd
Suite, Apt. #, etc. Unit 7
City & State Daytona, FL
Zip 32119 Country USA

4. FEI Number 65-0610082
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILY
1301 BEVILLE RD.
UNIT 19
DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1301 Beville Rd
Unit 7
City Daytona FL Zip Code 32119

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 *Marilyn Amendolagine* DATE 2/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL 1301 BEVILLE RD/UNIT 19 DAYTON FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OWJI, KHOSROW 1766 SENECA BLVD WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OWJI, CAROLYN 1766 SENECA BLVD. WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMENDOLAGINE, MARILYN 1301 BEVILLE RD/UNIT 19 DAYTONA FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amendolagine, Michael 1301 Beville Road Unit 7 Daytona, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Amendolagine, Marilyn 1301 Beville Road Unit 7 Daytona, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Marilyn Amendolagine* DATE 2/15/01 386-322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #