

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90075 028 ***150.00

DOCUMENT # P96000074276

1. Entity Name
3ZMD INVESTMENT, CORP.

Principal Place of Business
**903 NW 180TH AVENUE
 PEMBROKE PINES FL 33029**

Mailing Address
**903 NW 180TH AVENUE
 PEMBROKE PINES FL 33029**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**430 E 28 St
 HIALEAH, FL 33013**

3. Mailing Address
**903 NW 180 Ave
 Pembroke Pines, FL**

4. FEI Number **65-0692573** Applied For Not Applicable

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

Zip **33013** Country **DADE** Zip **33029** Country **BROWARD**

6. Name and Address of Current Registered Agent
**DAROJAT, ABU
 903 NW 180TH AVENUE
 PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAROJAT, ABU 903 NW 180TH AVENUE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DAROJAT, MILAGROS 903 NW 180TH AVENUE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Milagros Darojat 1/17/02 954435573 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C09E034 10/01