

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90017 032 ***550.00

DOCUMENT # P96000075213

1. Entity Name
ZAR ENTERPRISES, INC.

Principal Place of Business

4880 N.W. 157TH STREET
MIAMI FL 33014
US

Mailing Address

4880 N.W. 157TH ST
MIAMI FL 33014
US

2. Principal Place of Business

2895 LUCKIE ROAD
Suite, Apt. #, etc.

3. Mailing Address

2895 LUCKIE ROAD
Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE FL

Zip

33331

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-0713986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, JAY
4880 N.W. 157TH STREET
SUITE 1970
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

JEFFREY ROBINSON

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

2895 LUCKIE ROAD

FT LAUDERDALE, FL

City

FL

Zip Code

33331

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] President

Signature type for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/01/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JEFFREY	
STREET ADDRESS	2895 LUCKIE RD	
CITY-ST-ZIP	WESTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EISENBERG, JAY	
STREET ADDRESS	2508 EAGLE RUN DRIVE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EISENBERG, ARNOLD	
STREET ADDRESS	320 E. 46TH ST., #22A	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZAMBITO, STEVEN	
STREET ADDRESS	280 OTTER ROCK COURT	
CITY-ST-ZIP	GREENWICH CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZOLOT, BARRY	
STREET ADDRESS	3073 SHORE ROAD	
CITY-ST-ZIP	BELLMORE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] JEFFREY ROBINSON

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/01

Date

954 384-1112

Daytime Phone #

00000320 AV

CR2E034 (5/01)