## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P96000084169

1. Entity Name

ZARINS SERVICES, INC.



**FILED** Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90527 031 \*\*\*150.00

Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$1.0000   \$1.0000   \$1.000   \$1.0000   \$1.0000   \$1.0000   \$1.0000   \$1.0000   \$1.00	224 DATURA STF STE-1407 WEST PALM BEA 2. Principal Plac Suite, Apt. #,	REET ACH FL 33401	224 DATURA STREET STE-1407						
Suitc. Apt. if, etc.  City & State  Street Address (Po. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordis. I tarn turniar with, and accept the obligations of registered agent.  SIGNATURE  Suitan burder or integration of registered agent and itself appetute.  PLILE NOW!!! FEE is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Suite, Apt. #,	ce of Business	224 Datura Street Ste-1407						
City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  S. Contificate of Status Desired  State Desired  Street Address of New Registered Agent  Name  ZARINS, JILLIAN H 224 DATURA STREET  STE 1407  WEST PALM BEACH FL 33401  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street A			3. Mailing Address			EDIZI BRITI EDIDI	HENN BLEET HERE	Di    <b>  </b>	
ZARINS, JILLIAN H 224 DATURA STREET STE 1407 WEST PALM BEACH FL 33401  5. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent, or registered agent, or registered agent, or registered a	City & State	etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  6. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb	Oily & State		City & State		4. FEI Number 65-0695748		<del></del>	Applied For Not Applicable	
Street Address (P.O. Box Number is Not Acceptable)	•	Country	Zip	Country	5. Certificate of Status Desired				
ZARINS, JILLIAN H 224 DATURA STREET STE 1407 WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature typerd or printed name of registered agent and 150 if application. (NOTE, Registered Agent agenture required when remaining)   DATE	¥	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered	Agent		
224 DATURA STREET STE 1407 WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$55.00   Make Check Payable to Florida Department of State   10.	<b>********</b>			Name	— p				
STE 1407 WEST PALM BEACH FL 33401 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. I am lamilar with, and accept the obligations of registered agent and title if specicable.    SIGNATURE     STELL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State   10.				Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE    Signature. typed or printed reared agent and title 8 ipplicable. (NOTE Registered Agent signature recurred when renatang)   DATE	WEST PALM BEACH FL 33401			City		FL	Zip Cod	е	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATHIRZAMEQUITAD H. ZARIAS

561-655-5042