

2011 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000049997**

1. Entity Name

J. A. Z. PROPERTIES, INC.

FILED

11 MAY -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2701 E ATLANTIC BLVD 2701 E ATLANTIC BLVD
POMPAHO BEACH FL 33062 POMPAHO BEACH FL
33062

2. Principal Place of Business 3. Mailing Address
2701 E ATLANTIC BLVD 2701 E ATLANTIC BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
POMPAHO BEACH FL POMPAHO BEACH FL
Zip Country Zip Country
33062 US 33062 US

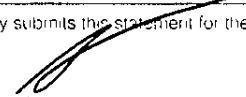
4. FEI Number Applied For
65-0760967 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALI R ZARGARAN
2701 E ATLANTIC BLVD
POMPAHO BEACH FL 33062

7. Name and Address of New Registered Agent
Name
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 office or registered agent, or both, in the State of Florida.
SIGNATURE  **ALI R ZARGARAN** **4/30/2011**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituted) 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 \$150.00
After MAY 1, 2000 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 | PVSTD ZARGARAN, ALI R 2701 E ATLANTIC BLVD POMPAHO BEACH, FL 33062 <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Y/S <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900207258439 05/05/11--01004--010 ***150.00 <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 | <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, and all other like empowered.

SIGNATURE:  **4/30/2011** **954 942 8962**