

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90018 037 ***158.75

DOCUMENT # P97000060542
1. Entity Name
ZORBA MARKETING, INC

427263

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13001 PORT SAID ROAD
Suite, Apt. #, etc.
BOX # 18

3. Mailing Address
4451 NW 16 ST, K109
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OPALOCKA, FLORIDA

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-0780911

Applied For
Not Applicable

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

Zip
33054 Country
USA Zip
33313 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOAQUIN A. GHOGHOS

Street Address (P.O. Box Number is Not Acceptable)
4451 NW 16 ST, K 109

City
FORT LAUDERDALE FL Zip Code
33313

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joaquin A. Ghoghos 03/04/02 (954) 735-9188
Typed or Printed Name of Signing Officer or Director Date Daytime Phone