2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiv changed, or on an attachmen

SIGNATURE:

FILED DOCUMENT # **P9700090722** Mar 03, 2000 8:00 am 1. Entity Name **ZETA CORPORATION Secretary of State** 03-03-2000 90023 026 ***158.75 Principal Place of Business Mailing Address 6805 SUNDANCE TRAIL 219-1628 WEST 1ST AVENUE VANCOUVER BC V6J RIVERSIDE CA 92506 2. Principal Place of Business 3. Mailing Address 628 KUTHERUS DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 58-2349413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition STD TITLE ☐ Delete TITLE NAME NAME FINKELSTEIN, KEN STREET ADDRESS STREET ADDRESS 6865 SUNDANCE TRAIL CITY-ST-ZIP CITY-ST-ZIP RIVERSIDE OA 92500~ ☐ Addition ☐ Delete TITLE TITLE GAMACHE, DAVID NAME NAME STREET ADDRESS STREET ADDRESS **COOK CUNDANCE TRAIL** CITY-ST-ZIP CITY-ST-ZIP RIVERSIDE CA 92506 Addition ☐ Delete TITLE TITLE RAYAT, HARMEL NAME NAME STREET ADDRESS STREET ADDRESS 216 - 1628 W FIRST AVENUE CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC, V6J-1011 CA ☐ Change Addition TITLE □ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 mental 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 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 indicatéd on this report or suppl

5. RATAT (GOA) 659