

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000014896**

1. Entity Name

**ZIA TRADING CORP**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90285 015 \*\*\*150.00

Principal Place of Business

Mailing Address

**625 S.W. 1ST AVE**  
**MIAMI, FL 33130**

**SAME**

2. Principal Place of Business

**625 S.W. 1ST AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

4. FEI Number

**650825013**

Applied For

Not Applicable

Zip

**33130**

Country

**U.S.A**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARYAM RAHMANIE**  
**9990 OLD CUTLER RD**  
**MIAMI, FL 33154**

Name

Street Address (P.O. 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 **Maryam Rahmanie**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/12/00**

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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>ZIA POPAL</b>	
STREET ADDRESS <b>625 SW 1ST AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE <b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>MARYAM RAHMANIE</b>	
STREET ADDRESS <b>625 SW 1ST AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33130</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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: **MARYAM RAHMANIE** **Maryam Rahmanie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-00**  
Date

**305 377 3222**  
Daytime Phone #

CR2E034 (9/99)