04-30-2003 90035 039 ***150.00

FILED Apr 30, 2003 8:00 am Secretary of State

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

P98000043593

DOCUMENT # 1. Entity Name

ZALTECK INC.

Principal Place of Business P.O. BOX 616888

ORLANDO FL 32861-6888

Mailing Address P.O. BOX 616888 ORLANDO FL 32861-6888

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-3517682	4. FEI Number 59-3517682		
Zip	Country	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			
			Name	**			

DOSSA, ZUL 5578 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Street Address (P.O. B	ox Number is Not Acceptable)	

	City				<u> </u>	Z1L	Cour		
istere	ed office or regis	tered agent, o	or both, in the	State of Florida.	I am fa	amiliar	with,	and acc	ept

В.	The above named entity submits th	is statement for the purp	ose of changing	its registered office o	r registered agent, or bo	oth, in the State of Florida.	I am familiar with,	and accept
	the obligations of registered agent.		0 0	Ū				ŕ

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change Addition TITLE ☐ Delete DOSSA, ZUL NAME NAME 5578 N. ORANGE BLOSSOM TRAIL STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED ON PRINTED NAME

Delete

☐ Change

☐ Addition