

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081016

1. Entity Name

ZAKARIYA, INCORPORATED

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90968 040 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 W VINE ST  
STE 105  
KISSIMMEE FL 34741

3501 W VINE ST  
STE 105  
KISSIMMEE FL 34741-4644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3536770**

Applied For  
Not Applicable

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

LAZRAK, ADNANE  
400 E COLONIAL DR  
STE 108  
ORLANDO FL 32803

Name—

Street Address (P.O. Box Number is Not Acceptable)

3501 W. VINE ST

STE. 105

City  
KISSIMMEE

FL

Zip Code  
34741

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 (x)

ADNANE LAZRAK

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

(NOTE: Registered Agent signature required when reinstating)

(x) 4.28.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
LAZRAK, ADNANE  
400 E COLONIAL DR STE 108  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3501 W. VINE ST., STE. 105  
KISSIMMEE, FL 34741 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 the one 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: (x)

ADNANE LAZRAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(x) 4.28.00

DATE

407 301 8094

Daytime Phone #

CR2E034 19/99