

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90132 012 ***150.00

DOCUMENT # **P98000102685**

1. Entity Name

ZAMCO ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

87330

2. Principal Place of Business

1837 S. STATE RD 7

Suite, Apt. #, etc.

3. Mailing Address

1837 S. STATE RD 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FLORIDA

City & State

FT. LAUDERDALE FL.

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

4. FEI Number

65-0880959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HILTON N. RAMCHARITA

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

1837 S. STATE ROAD 7

City

FT. LAUDERDALE

FL

Zip Code

33317

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

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

HILTON N. RAMCHARITA

(NOTE: Registered Agent signature required when reinstating)

5/16/02
DATE

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 **\$81.25**

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
**AMEER MOHAMED
13761 APPALACHIAN TR
DAVIE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AMEER, XAVIER S.
13761 APPALACHIAN TR
DAVIE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AMEER, JOAN
13761 APPALACHIAN TR
DAVIE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMED AMEER

4-02-02

Date

Daytime Phone #

CR2E034B (12/01)