

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90929 032 ***150.00

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

DOCUMENT # P98000102685			
1. Entity Name ZAMCO ENTERPRISES, INC.			
Principal Place of Business 1837 S STATE RD 7 FORT LAUDERDALE, FL 33317		Mailing Address 1837 S STATE RD 7 FORT LAUDERDALE, FL 33317	
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 65-0880959		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMECHARITAZ, HILTON N 1837 S STATE RD 7 FORT LAUDERDALE, FL 33317		7. Name and Address of New Registered Agent Name NARINA RAMCHARITAR Street Address (P.O. Box Number is Not Acceptable) 1837 South State Rd 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Ramcharitar</i> DATE 4/11/03 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when submitting.)			
FEE NOW: \$50.00 After May 1, 2003, Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMEER, MOHAMED 13761 APPALACHIAN TRAIL DAVIE, FL 33325 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMEER, XAVIER S 13761 APPALACHIAN TRAIL DAVIE, FL 33325 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMEER, JOAN 13761 APPALACHIAN TRAIL DAVIE, FL 33325 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: <i>Mohamed Ameer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MOHAMED AMEER 4/11/03 Date	

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CR2E034 (10/02)