

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000007579

1. Entity Name  
GRAFFIC JAM, INC.

02 OCT 21 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7823 N.DALE MABRY HWY  
STE 102  
TAMPA FL 33614

Mailing Address  
7823 N.DALE MABRY HWY  
STE 102  
TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3555079

Applied For

Not Applicable

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

DRUMMOND, TEMPLE H  
C/O KASS HODGES P.A.  
1505 N FLORIDA AVE  
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
D. BRUHA, VICTOR J  
STREET ADDRESS 7823 N.DALE MABRY STE. 102  
CITY-ST-ZIP TAMPA FL 33614

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700008564467  
10/21/02--01033--009 \*\*158.75

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-02  
Date

813/935-9595  
Daytime Phone #

CR2E034 (4/02)

25 11/22/04

October 10, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re: **Z.A.A. Associates, Inc.**  
**Document #: P 00000049882**

This is to advise that we have not received our 2002 Uniform Business Report in the mail. Unfortunately, as a result, filing of this report was overlooked. We therefore, now enclose the UBR for the year 2002 along with the filing fee of \$150.00

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely,



Zafir Abdelrahman  
President

13745 Huntwick Dr  
Orlando, FL 32837