

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90299 030 \*\*\*150.00

**DOCUMENT # P99000012840**

1. Entity Name  
**ZAISER DEVELOPMENT CORPORATION**

Principal Place of Business <b>100 N BISCAYNE BLVD. SUITE 2608          MIAMI FL 33132</b>	Mailing Address <b>100 N BISCAYNE BLVD. SUITE 2608          MIAMI FL 33132</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4724 SW 72 AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>4724 SW 72 AVE</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0900173</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33105</b>	Country <b>USA</b>	Zip <b>33105</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>BERGER, DAVID S          100 N BISCAYNE BLVD, SUITE 2608          MIAMI FL 33132</b>	7. Name and Address of New Registered Agent Name <b>IDA C OVIES</b> Street Address (P.O. Box Number is Not Acceptable) <b>2307 Douglas Rd Ste 100</b> City <b>MIAMI</b> FL Zip Code <b>33145</b>
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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 *Ida Ovies* (NOTE: Registered Agent signature required when reinstating) DATE *2/26/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **Yes**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>PD YERAK, MARIO 1037 OBISPO AVE CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an officer like empowered.

SIGNATURE: *Ida Ovies* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *Feb 21/01* Daytime Phone # *(305) 669 8810*

CR2E034 (10/00)