

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012840

1. Entity Name  
ZAISER DEVELOPMENT CORPORATION

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90019 002 \*\*\*150.00

Principal Place of Business

Mailing Address

4724 SW 72 AVE  
MIAMI FL 33155

4724 SW 72 AVE  
MIAMI FL 33155

2. Principal Place of Business

4724 SW 72 Ave  
Suite, Apt. #, etc.

3. Mailing Address

4724 SW 72 Ave.  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FLA.

4. FEI Number 65-0900173

Applied For  
Not Applicable

Zip 33155

Country USA

Zip 33155

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIES, IDA C  
2307 DOUGLAS RD STE 400  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name IDA C. OVIES  
Street Address (P.O. Box Number is Not Acceptable) 2307 Douglas Rd. Ste 400  
City MIAMI FL Zip Code 33145

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 C OVIES

02/28/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE PD  
NAME YERAK, MARIO  
STREET ADDRESS 1037 OBISPO AVE  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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 another like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/02 - 305) 6698810  
Date Daytime Phone #

024781 AV

CR2E034 (9/01)