2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

4724 SW 72 AVE

MIAMI FL 33155

3. Mailing Address

P99000012840 DOCUMENT

4724 SW 72 AVE MIAMI FL 33155

US

Principal Place of Business

2. Principal Place of Business

ZAISER DEVELOPMENT CORPORATION

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90287 006 ***150.00

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☐ CHECK HERE IF MAK	KING CHANGES							
FEI Number 65-0900173	Applied For Not Applicable							
Certificate of Status Desired \$8.75 Additional Fee Required								
Name and Address of New Register	red Agent							
Box Number is Not Acceptable)								
	FL Zip Code							
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Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees							
DITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11							
	☐ Change ☐ Addition							
	☐ Change ☐ Addition							

Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. FEI Number 65-0900173 Applied For Not Applicable			
	Country	Zip		Country	5. (Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
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ILE NOW!!	! FEE IS \$150.00 3 Fee will be \$550.	.00	INCLUDE:		required when se	9. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be to Fees	
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1037 OBIS	SPO AVE	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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	6. Name A C JGLAS RD 33145 named entity ions of regist Signature, typed ILE NOW!! r May 1, 200 Payable to PD YERAK, M 1037 OBIS	Country 6. Name and Address of Curr A C JGLAS RD STE 400 33145 Inamed entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmentions of Florida Departmentions of Florida Departmentions.	Country Zip Country Zip 6. Name and Address of Current Registered A C JGLAS RD STE 400 33145 In named entity submits this statement for the purplions of registered agent. Signature, typed or printed name of registered agent and tatle if applications of registered agent. Signature, typed or printed name of registered agent and tatle if applications of registered agent. PILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTO PD YERAK, MARIO 1037 OBISPO AVE	Country Zip 6. Name and Address of Current Registered Agent A C JGLAS RD STE 400 33145 In named entity submits this statement for the purpose of changing its relicions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PD YERAK, MARIO 1037 OBISPO AVE CORAL GABLES FL 33134 Delete Delete	Country S. Name and Address of Current Registered Agent A C JGLAS RD STE 400 33145 City Inamed entity submits this statement for the purpose of changing its registered office or relicons of registered agent. (MOTE: Registered Agent signature.) Signature, typed or printed name of registered agent and tale if applicable. (MOTE: Registered Agent signature.) III. PD YERAK, MARIO 1037 OBISPO AVE CORAL GABLES FL 33134 Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Country Zip Country Zip Country 5. 6. Name and Address of Current Registered Agent A C JGLAS RD STE 400 33145 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent. Signatum, typed or printed name of registered agent and tate if applicable. (HOTE: Registered Agent signature required when in the Name of registered office or registered agent. Signatum, typed or printed name of registered agent and tate if applicable. ITHE OFFICERS AND DIRECTORS 11. AC PD YERAK, MARIO 1037 OBISPO AVE CORAL GABLES FL 33134 Delete ITHE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete	Country Zip Country 5. Carrificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 9. City 8. Crufficate of Status Desired 10. The Proposed of City 11. The North Interest 12. The Proposed Agent suprature received when ministering 13. The Proposed Agent suprature received when ministering 14. The Proposed Agent suprature received when ministering 15. City 16. The Proposed Agent suprature received when ministering 16. Election Campaign Financing 17. The Proposed Agent suprature received when ministering 18. The Proposed Agent suprature received when ministering 19. Election Campaign Financing 19. Election	Country Zip Country 5. Certificate of Status Desired	

of the corporation or the receiver or changed, or on an attachment with Lute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

IAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #