

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90496 026 ***158.75

DOCUMENT # P99000018487

1. Entity Name

ZARMATI CORPORATION

Principal Place of Business

Mailing Address

8004 NW 68 ST
 MIAMI FL 33166
 US

4153 PINE RIDGE LN
 WESTON FL 33331
 US

2. Principal Place of Business

1129 Birchwood Rd

3. Mailing Address

1129 Birchwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-0898330

Applied For

Not Applicable

Zip

Country

33327

USA

Zip

Country

33327

USA

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

ZARMATI, KARINA
4153 PINE RIDGE LANE
WESTON FL 33331

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.

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 \$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 **P** ☐ Delete
 NAME **ZARMATI, KARINA**
 STREET ADDRESS **4153 PINE RIDGE LN**
 CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/01
 Date

954 881-4384
 Daytime Phone #

CR2E034 (10/00)