

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90616 014 \*\*\*150.00

0247598  
AV

**DOCUMENT # P99000023071**

1. Entity Name  
**ZAMA ENTERPRISES CORP.**

Principal Place of Business <b>9300 SOUTH DADELAND BLVD. SUITE 601 MIAMI FL 33156</b>	Mailing Address <b>9300 SOUTH DADELAND BLVD. SUITE 601 MIAMI FL 33156</b>
--	--



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o Fred E. Glickman, Esq. Suite, Apt. #, etc. 9200 S. Dadeland Blvd., #508 City & State Miami, Florida Zip 33156 Country U.S.A.
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0903188</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent <b>CANNELLA, ATSUKO A 6763 S.W. 106TH PLAE MIAMI FL 33173</b>	7. Name and Address of New Registered Agent Name <b>Fred E. Glickman, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>9200 S. Dadeland Boulevard, Suite 508</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33156</b>
--	--

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 	(NOTE: Registered Agent signature required when reinstating)	DATE <b>3/18/02</b>
---------------	--	------------------------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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>VP CANNELLA, ANDRES R 6763 SW 106 PL MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, Vice pres. Andres R. Cannella 9300 S. Dadeland Blvd., #601 Miami, Florida 33156</b> <input checked="" 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	<b>President/Secretary Atsuko Zama Cannella 9300 S. Dadeland Blvd., #601 Miami, FL 33156</b> <input type="checkbox"/> Change <input checked="" 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
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 all other like empowered.

**SIGNATURE:** **Atsuko Z. Cannella** **305-670-0080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3-21-2002** Daytime Phone #

CR2E034 (9/01)