

2000 UNIFORM BUSINESS REPORT (UBR)

07/13/00-70010-025-\$150.00-\$150.00

DOCUMENT # P99000049680

1. Entity Name

ZIONI, INCORPORATED

APPROVED
AND
FILED

00 JUN -5 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ARLINGTON EXPRESSWAY
620, REGENCY SQUARE MALL
JACKSONVILLE FL 32225

9501 ARLINGTON EXPRESSWAY
SUITE 620, REGENCY SQUARE MALL
JACKSONVILLE FL 32225-8200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3582559

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KASSEM, AFAF
9501 ARLINGTON EXPRESSWAY
SUITE 620, REGENCY SQUARE MALL
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name KHALED LUBNA
Street Address (P.O. Box Number is Not Acceptable)
9501 ARLINGTON EXPRESSWAY #620
JACKSONVILLE FL 32225
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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	KHALED, LUBNA	
STREET ADDRESS	9501 ARLINGTON EXPRESSWAY SUITE 620	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	P	<input type="checkbox"/> Delete
NAME	KHALED, ALAA M.	
STREET ADDRESS	2125 BRIGHTON BAY TR. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 OF Khaled Lubna, President**

(904) 725-6508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Khaled Lubna

6/1/00

CR2E034 (9/99)