

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90037 027 \*\*\*150.00

0018673

DOCUMENT # P99000049680

1. Entity Name  
ZIONI, INCORPORATED

Principal Place of Business  
9501 ARLINGTON EXPRESSWAY  
SUITE 620, REGENCY SQUARE MALL  
JACKSONVILLE, FL 32225

Mailing Address  
9501 ARLINGTON EXPRESSWAY  
SUITE 620, REGENCY SQUARE MALL  
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3582559

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name KHALED, LUBNA  
Street Address (P.O. Box Number is Not Acceptable)  
2125 BRIGHTON BAY TR. W.  
City JACKSONVILLE FL Zip Code 32246

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 AFAF KASSEM Jan 2/01  
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 D  
NAME KHALED, LUBNA  
STREET ADDRESS 9501 ARLINGTON EXPRESSWAY SUITE 620  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE KHALED, LUBNA ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2125 BRIGHTON BAY TR. W.  
CITY-ST-ZIP JACKSONVILLE, FL. 32246

TITLE P  
NAME KHALED, ALAA M  
STREET ADDRESS 2125 BRIGHTON BAY TR. W.  
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE KHALED M. KHALED ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 2125 BRIGHTON BAY TR. W.  
CITY-ST-ZIP JACKSONVILLE, FL. 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 2 / 01

Date

904 723 6505

Daytime Phone #

CR2E034 (10/00)