

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90159 037 ***150.00

DOCUMENT # P99000051090

1. Entity Name
ZAT INTERNATIONAL, INC.

Principal Place of Business Mailing Address
% 10743 S.W. 6TH STREET **% 10743 S.W. 6TH STREET**
MIAMI FL 33174 **MIAMI FL 33174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10743 SW 6ST. **10743 SW 6ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0928415210905	Applied For Not Applicable
Zip 33174	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOYA, PEDRO A % 10743 S.W. 6TH STREET MIAMI FL 33174		7. Name and Address of New Registered Agent Name NOYA, PEDRO A Street Address (P.O. Box Number is Not Acceptable) 10743 SW 6ST City MIAMI FL Zip Code 33174	
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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: DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAINADINE, IBRAIMO G % 10743 S.W. 6TH STREET MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD NOYA, PEDRO A % 10743 S.W. 6TH STREET MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 those empowered.

SIGNATURE: Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)