

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051090

1. Entity Name

ZAT INTERNATIONAL, INC.

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

02-29-2000 90159 037 \*\*\*150.00

Principal Place of Business

% 10743 S.W. 6TH STREET  
MIAMI FL 33174

Mailing Address

% 10743 S.W. 6TH STREET  
MIAMI FL 33174

2. Principal Place of Business

10743 SW 6ST. Miami

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33174

Country

USA

3. Mailing Address

10743 SW 6ST. Miami

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33174

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0928415 210905

Applied For

Not Applicable

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

NOYA, PEDRO A

% 10743 S.W. 6TH STREET  
MIAMI FL 33174

Name

NOYA, PEDRO A

Street Address (P.O. Box Number is Not Acceptable)

10743 SW 6ST

City

MIAMI

FL

Zip Code

33174

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.  
(See criteria on back)

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	PD	<input type="checkbox"/> Delete
NAME	ZAINADINE, IBRAIMO G	
STREET ADDRESS	% 10743 S.W. 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	NOYA, PEDRO A	
STREET ADDRESS	% 10743 S.W. 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33174	
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		
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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
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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)