

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055642

1. Entity Name

ZAKEM MULTIMEDIA, INC.

**FILED**  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90002 039 \*\*\*150.00

Principal Place of Business

Mailing Address

4119 N State Road 7, Suite 136

Principal Place of Business

3. Mailing Address

4119 N State Road 7, Suite 136



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0937900

Applied For

Not Applicable

Zip 33319

Country

Zip 33319

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

ALGIE, STEPHANIE R  
11362 STATE ROAD 84  
DAVIE FL 33325

Name

4119 N State Road 7  
Suite 136

Ft. Lauderdale

FL

Zip Code

33319

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	ALGIE, STEPHANIE R	4119 NORTH STATE ROAD 7 STE 136	FORT LAUDERDALE FL 33319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	ALGIE, JOSEPH R	4119 NORTH STATE ROAD 7 STE 136	FORT LAUDERDALE FL 33319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	NEUER, MARSHA R	87 SECOND STREET	GARDEN CITY NY 11040	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Stephanie Algie

Date

Daytime Phone #

(954) 722-1833

CR2E034 (10/00)