

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 007 ***150.00

DOCUMENT # D99000055642

1. Entity Name

Zahem Multimedia, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4119 North State Road 7

3. Mailing Address

4119 North State Road 7

Suite, Apt. #, etc.

Suite 136

Suite, Apt. #, etc.

Suite 136

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

05-0937900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Algie, Stephanie R.

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

4119 North State Road 7

Suite 136

Ft. Lauderdale

FL

33319

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME Algie Stephanie R.
STREET ADDRESS 4119 North State Road 7 Suite 136
CITY-ST-ZIP Ft. Lauderdale, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME Algie Joseph R.
STREET ADDRESS 4119 North State Road 7 Suite 136
CITY-ST-ZIP Ft. Lauderdale, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME Newer Marsha R.
STREET ADDRESS 87 Second Street
CITY-ST-ZIP Garden City, NY 11040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph R. Algie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

954-922-1833

Telephone Phone #

CR2E034B (12/01)