

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083925

1. Entity Name

ZAP TECHNOLOGIES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90006 036 ***150.00

Principal Place of Business

2767 CARAMBOLA CIRCLE, SUITE 405
COCONUT CREEK FL 33066

Mailing Address

2767 CARAMBOLA CIRCLE, SUITE 405
COCONUT CREEK FL 33066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0949967

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

SPIEGEL & UTREJA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MARGARITA CHERNYAK

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

2767 CARAMBOLA Circle #405

City

Coconut Creek

FL

Zip Code

33066

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 *M. Chernyak*

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	POD	<input type="checkbox"/> Delete
NAME	CHERNYAK, MARGARITA	
STREET ADDRESS	2767 CARAMBOLA CIRCLE, SUITE 405	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OLEG CHERNYAK	
STREET ADDRESS	2767 CARAMBOLA Circle #405	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 like empowered.

SIGNATURE: *M. Chernyak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)