2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # V73971 1. Entity Name 04-17-2002 90006 033 ***150.00 SAL ZARZANA, INC. Principal Place of Business Mailing Address 53 JAMESTOWN DR 53 JAMESTOWN DR ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address JAMESTOWN JAMESTOWN DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE ORMOND BCH, FL ORMOND BCH. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired VOLUSIA 32176 VOLUSIA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAL ZARZANA ZARZANA, SAL Street Address (P.O. Box Number is Not Acceptable) 53 JAMESTOWN DRIVE ORMOND BEACH FL 32176 53 JAMESTOWN DR. ORMOND BCH. 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. - SALZARZAND SIGNATURE Signature, typed or photed panie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Addition □ Delete TITLE ZARZANA, SAL NAME NAME 1660 SW 16TH ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE → 🔲 Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS John 199 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SAC ZAR ZANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING