

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90058 045 ***150.00

DOCUMENT # V73971

1. Entity Name
SAL ZARZANA, INC.



Principal Place of Business
**53 JAMESTOWN DRIVE
ORMOND BEACH FL 32176
US**

Mailing Address
**53 JAMESTOWN DRIVE
ORMOND BEACH FL 32176
US**

2. Principal Place of Business

129 SANDPIPER RIDGE DR.

3. Mailing Address

129 SANDPIPER RIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BCH. FL

City & State

ORMOND BCH. FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZARZANA, SAL
53 JAMESTOWN DRIVE
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name **SAL ZARZANA**

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

129 SANDPIPER RIDGE DR.

City **ORMOND BCH. FL**

Zip Code **32176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SAL ZARZANA

2-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZARZANA, SAL**
STREET ADDRESS **1660 SW 16TH ST**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-03

Date

386 441 6024

Daytime Phone #

CR2E034 (10/02)