

# 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

001071 AV

**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.

CHECK HERE IF MAKING CHANGES

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  **SAL ZARZANA** **2-9-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZARZANA, SAL</b>	
STREET ADDRESS	<b>1660 SW 16TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **SAL ZARZANA** **2-9-03** **386 441 6024**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)