

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-12-2002 90002 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000023387**

1. Entity Name
ARTINI-ZAK CORPORATION, INC.

Principal Place of Business
**1001 W NEWPORT CENTER DRIVE #112
DEERFIELD BEACH FL 33442**

Mailing Address
**1001 W NEWPORT CENTER DRIVE #112
DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7682 N. FEDERAL HYW
Suite, Apt. #, etc.
4

3. Mailing Address
7682 N. FEDERAL HYW
Suite, Apt. #, etc.
4

City & State
BOCA RATON FL
Zip
33487

City & State
BOCA RATON FL
Zip
33487

4. FBI Number
65-1092837

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WARM, STEVEN ESO
2101 CORPORATE BLVD STE 215
BOCA CORPORATE CENTER
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASINMAZ, ARTHUR 1001 W NEWPORT CENTER DRIVE #112 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIVROGLU, SAHAK 1001 W NEWPORT CENTER DRIVE #112 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ARTHUR, ASINMAZ 7682 NORTH FEDERAL HYW SUITE #4 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAHAK KIVIROGLU 7682 NORTH FEDERAL HYW SUITE #4 BOCA RATON FL, 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7/02 (561) 999-9007
Date Daytime Phone #

CR2E034 (9/01)