


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 11, 2003 8:00 am  
Secretary of State

09-11-2003 90098 031 \*\*\*550.00

0045733 AV

<b>DOCUMENT #</b> 128678	
1. Entity Name <b>ZURWELLE-WHITTAKER INC</b>	

Principal Place of Business <b>4051 ROYAL PALM AVE MIAMI FL 33140 US</b>	Mailing Address <b>4051 ROYAL PALM AVE MIAMI FL 33140 US</b>
---	---



2. Principal Place of Business <b>95 NE 80th TERRACE</b> Suite, Apt. #, etc.	3. Mailing Address <b>95 NE 80th TERRACE</b> Suite, Apt. #, etc.
--	--

CHECK HERE IF MAKING CHANGES

City & State <b>MIAMI Florida</b>	City & State <b>MIAMI Florida</b>	4. FEI Number <b>59-0519990</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33138</b>	Country	Zip <b>33138</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>MARTINEZ, EDDIE A 4051 ROYAL PALM AVE MIAMI FL 33140</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>95 NE 80th TERRACE</b> City <b>MIAMI</b> FL Zip Code <b>33138</b>	
--	--	--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD REEVES, JAMES 4051 ROYAL PALM AVE MIAMI FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DOCAL, ABELARDO L 4051 ROYAL PALM AVE MIAMI FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST REEVES, SHIRLEY M. 4051 ROYAL PALM AVE MIAMI FL 33140</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTINEZ, EDDIE 4051 ROYAL PALM AVE MIAMI FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LA ROSA, PETER DE 4051 ROYAL PALM AVE MIAMI FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MARTINEZ, MARIA 4051 ROYAL PALM AVE MIAMI FL 33140</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **SEAL REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)