## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: Jose I. Cue

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAMME OF SIGNING OFFICER OR DIRECTOR

	OMI OMI BOOL		(05.	-,	FILED	
DOCUMENT # 681985  1. Entity Name					May 03, 2000 8:00 am	
ZEMENO, INC.					Secretary of State 05-03-2000 90099 039 ***158.75	
Principal Place	e of Business	Mailing Address				
9550 SW 40 ST MIAMI FL 33165 US		9550 SW 40 ST MIAMI FL 33165-4036 US			) 1461/18 GI/B) (BIG) (BIG) (GIB) GII) BIG)( GIB) GIB)( BIG)( BIG)( BIG)( BIG)( BIG)( BIG)( BIG)( BIG)( BIG)(	
2. Principal Place of Business 9554 SW 40 ST (REAR) Suite, Apt. #, etc.		3. Mailing Address 9554 SW 40 ST (REAR) Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State MIAMI FL		City & State MIAMI FL			4. FEI Number 59-2225084 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired X \$8.75 Additional Fee Required	
<u> 33165</u>	6. Name and Address of Current I	33165 Registered Agent	USA		7. Name and Address of New Registered Agent	
CUE, JOSE I. 9550 SW 40 ST MIAMI FL 33165				CUE, JOSE-I.  Street Address (P.O. Box Number is Not Acceptable)  9554 SW 40 ST (REAR)		
			City	MIA	MI <b>FL</b> Zip Code 33165	
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 JOSE I. Cue  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$150.00						
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00		
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CUE, JOSE 9550 SW 40 ST MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	955	President X Change Addition , JOSE I 4 SW 40 ST: (REAR) MI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUE, JOSE I 9550 SW 40 CT MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec: CUE	retary , JOSE I 4 SW 40 ST (REAR)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.						

Pars.

4-24-2000

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