

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90048 010 \*\*\*150.00

**DOCUMENT # P00000039943**

1. Entity Name  
**ZEPHYR HOLDINGS, INC.**

Principal Place of Business <b>C/O ROTH, ROUSSO &amp; BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156</b>	Mailing Address <b>C/O ROTH, ROUSSO &amp; BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>% JOSE A. RODRIGUEZ, P.A.</b>	3. Mailing Address <b>% JOSE A. RODRIGUEZ, P.A.</b>
Suite, Apt. #, etc. <b>150 ALHAMBRA CIRCLE, SUITE 1270</b>	Suite, Apt. #, etc. <b>150 ALHAMBRA CIRCLE, SUITE 1270</b>
City & State <b>CORAL GABLES, FL</b>	City & State <b>CORAL GABLES, FL</b>
Zip <b>33134</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-1022799</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**ROTH, LEONARDO A ESQ.  
C/O ROTH, ROUSSO & BENJAMIN, P.A.  
9350 SOUTH DIXIE HWY. PH 2  
MIAMI FL 33156**

7. Name and Address of New Registered Agent  
Name: **RODRIGUEZ, JOSE A ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 ALHAMBRA CIRCLE, SUITE 1270**  
City: **CORAL GABLES** FL Zip Code: **33134**

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 RODRIGUEZ, ESQ.** 4/17/01  
(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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	NAME <b>MOYANO, FRANCISCO JOSE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>C/O ROTH, ROUSSO &amp; BENJAMIN, P.A.</b>		
CITY-ST-ZIP <b>MIAMI FL 33156</b>		
TITLE <b>VPD</b>	NAME <b>MOYANO, FRANCISCO JOSE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>C/O ROTH, ROUSSO &amp; BENJAMIN, P.A.</b>		
CITY-ST-ZIP <b>MIAMI FL 33156</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P.S.T.</b>	NAME <b>MOYANO, FRANCISCO JOSE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>C/O JOSE A. RODRIGUEZ, P.A.</b>		
CITY-ST-ZIP <b>150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134</b>		
TITLE <b>VPD</b>	NAME <b>MOYANO, FRANCISCO JOSE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>% JOSE A. RODRIGUEZ, P.A.</b>		
CITY-ST-ZIP <b>150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134</b>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: **Francisco Jose Moyano** 4-27-01(305) 445-6600  
Date: Daytime Phone #

CR2E034 (10/00)