## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000098988 DOCUMENT #

1. Entity Name

ZAPATA TORRENEGRA CORPORATION



**FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91065 024 \*\*\*150.00

231 717	TORRENEGRA	ORFORATION							
Principal Place of Business 915 NW FIRST AVENUE APT H1514 MIAMI FL 33136		915 Apt	Mailing Address 915 NW FIRST AVENUE APT H1514 MIAMI FL 33136			) (82)(81) (II) 20(81 (28)) eelii (	 Bur bon abna n	~ • •	1) (9) <b>0</b> 1 (8)7 (89)
2. Principal	Place of Business	3 Ma	ailing Address	-11					
			Thursday Addition						A COLOR FOR FACE
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & St	ate	Cit	City & State			4. FEI Number 65-1148618	3		Applied For Not Applicable
Zip	Country	Zip	,	Country		5. Certificate of Status Desired		\$8.75 Ad Fee Requir	dditional
	6. Name and Addr	ess of Current Register	ed Agent			7. Name and Address of New			<del></del>
ZAPATA,		والماد المستحد المستحد المستحد المستحد المستحد الم		Name	مسدد دچدد	المديد ديدمسموسمو دادان الويو			<del></del>
	FIRST AVENUE			Street	Address (P	O. Box Number is Not Acceptab	le)		
APT H15							<u> </u>	<del>_</del>	
MIAMI FL									
				City			FL	Zip Cod	
8. The above the obligation	re named entity submits that ations of registered agent	nis statement for the purp	oose of changing its re	egistered office	or registere	d agent, or both, in the State of F	iorida. I am fa	amiliar with	, and accept
	g	•							
SIGNATURE	Signature, typed or printed name	of registered agent and title if app	plicable. (NOTE:	Registered Agent sign	nature required w	when reinstation)	DATE		
- 1	FILE NOW!!! FEE IS	\$150.00	1				DATE	<del></del>	
Afte	be \$550.00 Department of State			<ol> <li>Election Campaign F Trust Fund Contribution</li> </ol>	~ —		00 May Be d to Fees		
10.	0	FFICERS AND DIRECTO	RS	11.	<del></del> -	ADDITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11
TITLE	PD Zapata, Tania		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	1 4444 11/200 DIVING	#34		NAME STREET ADDRESS	.				
CITY-ST-ZIP	MIAMI BEACH FL 33	141		CITY-ST-ZIP	<b>'</b>				
TITLE		<del></del>	☐ Delete	TITLE				☐ Change	Addition
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NAME			Solicit	NAME	1		L	Change	☐ Addition
STREET ADDRESS			j	STREET ADDRESS					
CITY-ST-ZIP	Certify that the information			CITY-ST-ZIP	<u> </u>				
L DOTODULO	correct that the information	Accomplished to the Alexander of the Control of the	1			·			

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 truster 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 attachmost with an address, with all other like empowered.

SIGNATURE:

PINTE NAME OF SIGNING OFFICER OF DIRECTOR

305 3747858