

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90412 016 ***150.00

DOCUMENT # P93000065555

1. Entity Name

ZARCO & COMPANY, INC.

Principal Place of Business

Mailing Address

~~6001 NW 150 ST #205~~

15327 NW 60 AVE

~~6001 NW 150 ST~~

15327 NW 60 AVE #230

MIAMI LAKES FL 33014

#230

MIAMI LAKES FL 33014-8008

US

US

001000

2. Principal Place of Business

15327 NW 60 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

4. FEI Number

65-0439366

Applied For

Not Applicable

Zip

33014

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARCO, DAVID

~~6001 NW 150 ST~~

MIAMI LAKES FL 33014

15327 NW 60 AVE

#230

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

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **ZARCO, DAVID**
CITY-ST-ZIP **6001 NW 150 ST #205 15327 NW 60 AVE #230**
MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVT**
STREET ADDRESS **ZARCO, NANCY**
CITY-ST-ZIP **6001 NW 150 ST #205 15327 NW 60 AVE #230**
MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/2001

Daytime Phone #

CR2E034 (10/00)