

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90567 004 ***150.00

DOCUMENT # P96000030290

1. Entity Name
WOOD AND ZAPATA, INC.

Principal Place of Business

**368 CONGRESS STREET
 BOSTON MA 02110**

Mailing Address

**368 CONGRESS STREET
 BOSTON MA 02110**

2. Principal Place of Business

100 SOUTH STREET

Suite, Apt. #, etc.

3. Mailing Address

100 SOUTH STREET

Suite, Apt. #, etc.

City & State

BOSTON, MA

City & State

BOSTON, MA

4. FEI Number **65-0655611**

Applied For

Not Applicable

Zip

02111

Country

U.S.A.

Zip

02111

Country

U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WOOD, BENJAMIN	
STREET ADDRESS	368 CONGRESS STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ZAPATA, CARLOS	
STREET ADDRESS	368 CONGRESS STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KOFF, MELISSA	
STREET ADDRESS	368 CONGRESS STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)