2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
02-14-2000 90006 002 ***150.00

DOCUMENT # P99000013854

1. Entity Name

ZIMAIR CORPORATION

Principal Place of Business	Mailing Address
NE QUAYBRIDGE CT. FL 33138	10659 NE QUAYBRIDGE CT. MIAMI FL 33138-2212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0264115 ☐ Applied For ☐ Not Applicable

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
COSTANZO, SARINO R ESQ. 10659 NE QUAYBRIDGE CT. MIAMI FL 33138	Name: EFRONSON, SIDNEY, ESQ. Street Address (P.O. Box Number is Not Acceptable): 2250 SW 3RD AVE. (CORAL WAY) City: MIAMI FL Zip Code: 33129

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: Sidney Efronson — February 7, 2000
Signature, type 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST COSTANZO, SARINO R 10659 NE QUAYBRIDGE CT. MIAMI FL 33138	☒ Delete	PD ZIMERI, LUIS, 3770 ESTEPONA AVENUE CORAL GABLES FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTANZO, SARINO R 10659 NE QUAYBRIDGE CT. MIAMI FL 33138	☒ Delete	ST EFRONSON, SIDNEY, ESQ. 2250 SW 3RD Ave. (CORAL WAY)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: SIDNEY EFRONSON, ESQ. — 2/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #