2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90022 005 ***150.00

DOCUMENT # P99000102012

1. Entity Name
ZEOG PRODUCTS CORP.

Principal Place of Business	Mailing Address
2822 NW 79TH AVENUE MIAMI FL 33122	2822 NW 79TH AVENUE MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
175 Fontainebleau Blvd		PO Box 667683	
Suite, Apt. #, etc. 2K1		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33172	Country USA	Zip 33166	Country USA

4. FEI Number 65-0966776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAELS, MARVIN D ESQ.
1010 SW 86TH COURT
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name Luis F. Goez
Street Address (P.O. Box Number is Not Acceptable) 175 Ftnbleau Blvd, Suite 2K1
City Miami FL Zip Code 33172

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] Feb 10, 2000
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, 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	D GRANDE, CARLOS 2822 NW 79TH AVENUE MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] Feb 10, 2000 (305)2286245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #