## · 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 01, 2002 8:00 am Secretary of State **DOCUMENT #** V16886 1. Entity Name ZUBILLAGA DESIGN, INC. 05-01-2002 91546 022 \*\*\*150.00 Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY STE. 493 STE. 400 **MIAMI FL 33145 MIAMI FL 33145** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0315134 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZUBILLAGA, JUAN Street Address (P.O. Box Number is Not Acceptable) 245 WOODCREST RD **KEY BISCAYNE FL 33149** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE \_\_\_ Addition ☐ Change ZUBILLAGA, JUAN NAME NAME 245 WOODCREST RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME ZUBILLAGA, MARTA NAME STREET ADDRESS 4080 BARBARUSSA AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 time report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee emporchanged, or on an attachment with an address, w