

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099137

1. Entity Name

Z-TRUST CORPORATION *changed Z/C Holding Co.*

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90054 047 ***150.00

Principal Place of Business

Mailing Address

9971 SW 128 STREET
MIAMI FL 33176

9971 SW 128 STREET
MIAMI FL 33176-5653

2. Principal Place of Business

34th Floor
201 S. Biscayne Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

34th Floor
Miami

City & State

4. FEI Number

65-1003000

Applied For

Not Applicable

Zip

33131

Country

USA

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

ZUMPANO, CARLOS
9971 SW 128 STREET
MIAMI FL 33176

Name

Carlos Zumpano

Street Address (P.O. Box Number is Not Acceptable)

705 Majorca Ave.

City

Coral Gables

FL

Zip Code

33134

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

Carlos Zumpano

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

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 ☐ Delete
NAME *Joseph Zumpano*
STREET ADDRESS *201 S. Biscayne Blvd*
CITY-ST-ZIP *Miami, FL 33131* *34th Floor*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 registered agent 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:

Joseph Zumpano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 371-8585

CR2E034 (9/99)