

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0152871 AV

DOCUMENT # P02000022437

1. Entity Name
D'ZAMORA & ASSOCIATES, INC.



05-05-2003 92207 041 ***150.00

Principal Place of Business
**7774 NORTHWEST 165 STREET
MIAMI LAKES FL 33016**

Mailing Address
**7774 NORTHWEST 165 STREET
MIAMI LAKES FL 33016**



2. Principal Place of Business
15476 NW 77th
Suite, Apt. #, etc.
368

3. Mailing Address
15476 NW 77th
Suite, Apt. #, etc.
368

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES FL
Zip
33016 Country
USA

City & State
MIAMI LAKES FL
Zip
33016 Country
USA

4. FEI Number
04-3639845 ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAMORA, MARIO MR.
7774 NORTHWEST 165 STREET
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name
MARIO ZAMORA
Street Address (P.O. Box Number is Not Acceptable)
15476 NW 77th # 368
MIAMI LAKES FL Zip Code
33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE
4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ZAMORA, MARIO	
STREET ADDRESS	7774 NORTHWEST 165 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAMORA, ANDRES O	
STREET ADDRESS	7774 NORTHWEST 165 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

305-825-1045

CR2E034 (10/02)