## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

P99000099137

## FILED Jun 04, 2003 8:00 am Secretary of State

5/5/2 5/5/2

05-05-2003 90756 001 \*\*\*\*70.00 05-05-2003 90756 002 \*\*\*\*80.00

1. Enlity Name Z/C HOLDING COMPANY										
Principal Place of Business 201 S BISCAYNE BLVD 34TH FLOOR MIAMI FL 33131 US 2. Principal Place of Business		Mailing Address 201 S BISCAYNE BLVD 34TH FLOOR MIAMI FL 33131 US			55046190					
		3. Mailing Address	3. Mailing Address			A TORNICAL ME HADIR STOR BOOK BOUN COME COME PARKS AND THE RELEASE OF THE PARKS OF				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	4. FEI Number 65-1003000 Applied For Not Applicable				
Zip Country		Zip	Zip Country		5. (	5. Certificate of Status Desired S8.75 Additional Fee Required			litional	
	6. Name and Address of Curren	nt Registered Agent	<del>- '</del> 1		7,-N	lame and Address	of New Registers		<del></del>	
		Name								
ZUMPANO, DANIEL E 9971 SW 128 STREET				Street Ad	dress (P.O. Box Number is Not Acceptable)					
Miami Fl	. 33176		j						}	İ
	*		City			FL Zip Code				l
	named entity submits this statement ions of registered agent.	for the purpose of changin	g its registere	ed office or r	egistered ag	ant, or both, in the S	State of Florida. 1	am familiar with,	and accept	ĺ
SIGNATURE -	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	d Agent signatur	required when re	instating)	, DA	TE .		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department					9. Election Car Trust Fund (	mpaign Financing Contribution,		O May Be I to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.		AC	DITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZUMPONO JOSEPH 997 201 S BISCAYNE BLVD 94TH	Protofort Delete 1 St. 12854. HTEOR AND PC-3306		E [	Presid Paniel 9971 ( Mlam)	ent Zumpar SW 128,	10	☐ Change	Addition	F034 (10/02)
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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 cath; 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.

CITY-ST-ZIP



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Davtime Phone #