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# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD2000098764**

1. Entity Name  
**ZARAEI CORP.**



FILED

03 DEC -2 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8215 SW 152 Ave.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 203**

Suite, Apt. #, etc.

City & State  
**Miami, FL.**

City & State

Zip  
**33193**

Country

Zip

Country

4. FEI Number  
**54-2085341**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
**Carlos Macedo**

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

**9745 Millaer Drive**

City  
**Miami**

FL

Zip Code  
**33165**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

**Carlos Macedo**

11/20/2003

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

(NOTE: Registered Agent signature required when resigning.)

DATE

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Segundo Zarael Alba  
8215 SW 152 Ave.  
Miami, FL. 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**SEGUNDO ZARAEI ALBA**

11/20/03 305/408-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR25034B (12/02)

**REINSTATEMENT**

**03**

**TS**

**DO NOT WRITE  
IN THIS SPACE**

**700025168997  
12/02/03--01063--028 \*\*150.00**



# C & S International Group, Inc.

CONFIDENCE & SECURITY \* CONFIANZA Y SEGURIDAD  
ACCOUNTING - INCOMETAX - NOTARY PUBLIC

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Miami, November 20, 2003

Florida Department of State  
Uniform Business Report Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

REF.-  
DOCUMENT  
ENTITY  
F.E.I.

2003 Uniform Business Report  
P02000098764  
ZARAEI CORP.  
54-2085341

Gentleman:

Enclosed please find a check number 2144, for \$150.00 to cover the annual fees for the year 2003 for this corporation.

We are requesting the wave of the penalty for non-filing the Annual Report on time for the above years due to two specific reasons:

- 1.- The only owner and president of this corporation was having health problems during all this time and now he is coming back to the working force.
- 2.- This Corporation never received the UBR form to file for the above years due probably to a new address.

Thank you in advance for your help to solve this matter and if you need any additional information please do not hesitate to call our office at any time.

Sincerely,

Carlos Macedo  
President

9745 Miller Drive, Miami, FL 33165

Tel. 305/412-0829 \* Fax 305/412-0864 \* Toll Free 1/888/399-4845

E-Mail: CMacedo@aol.com