

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90098 031 ***550.00

0045733 AV

DOCUMENT # 128678

1. Entity Name

ZURWELLE-WHITTAKER INC



Principal Place of Business

**4051 ROYAL PALM AVE
MIAMI FL 33140
US**

Mailing Address

**4051 ROYAL PALM AVE
MIAMI FL 33140
US**

2. Principal Place of Business

95 NE 80th TERRACE

Suite, Apt. #, etc.

3. Mailing Address

95 NE 80th TERRACE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-0519990

Applied For

Not Applicable

Zip

33138

Country

Zip

33138

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDDIE A

4051 ROYAL PALM AVE

MIAMI FL 33140

7. Name and Address of New Registered Agent

Name

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

95 NE 80th TERRACE

City **MIAMI**

FL

Zip Code

33138

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 | PD | <input type="checkbox"/> Delete |
| NAME | REEVES, JAMES | |
| STREET ADDRESS | 4051 ROYAL PALM AVE | |
| CITY-ST-ZIP | MIAMI FL 33140 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DOCAL, ABELARDO L | |
| STREET ADDRESS | 4051 ROYAL PALM AVE | |
| CITY-ST-ZIP | MIAMI FL 33140 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | REEVES, SHIRLEY M. | |
| STREET ADDRESS | 4051 ROYAL PALM AVE | |
| CITY-ST-ZIP | MIAMI FL 33140 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, EDDIE | |
| STREET ADDRESS | 4051 ROYAL PALM AVE | |
| CITY-ST-ZIP | MIAMI FL 33140 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LA ROSA, PETER DE | |
| STREET ADDRESS | 4051 ROYAL PALM AVE | |
| CITY-ST-ZIP | MIAMI FL 33140 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, MARIA | |
| STREET ADDRESS | 4051 ROYAL PALM AVE | |
| CITY-ST-ZIP | MIAMI FL 33140 | |

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 |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)