

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852379

1. Entity Name  
ZELL ONE INC.



FILED  
03 APR 17 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O PAUL BERKOWITZ  
1221 BRICKELL AVE., #2100  
MIAMI FL 33131

Mailing Address  
C/O PAUL BERKOWITZ  
1221 BRICKELL AVE., #2100  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3108294

Applied For  
Not Applicable

Zip

Country

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

CORPDIRECT AGENTS, INC.  
103 N. MERIDIAN ST.  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME SD  
STREET ADDRESS FERNANDEZ, SERGIO R.  
CITY-ST-ZIP 9400 S DADELAND BLVD PH12  
MIAMI FL

TITLE  
NAME g/o P BERKOWITZ  
STREET ADDRESS 1221 Brickell Ave  
CITY-ST-ZIP Miami FL 33131 ☒ Change ☐ Addition

TITLE  
NAME ~~VPD~~  
STREET ADDRESS BERKOWITZ, PAUL  
CITY-ST-ZIP 1221 BRICKELL AVE  
MIAMI FL ☐ Delete

TITLE  
NAME D/S/T  
STREET ADDRESS  
CITY-ST-ZIP 33131 ☒ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS J BOYNE %P BERKOWITZ  
CITY-ST-ZIP 1221 BRICKELL AVE  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME 200018453362  
STREET ADDRESS 05/07/03--01066--005 \*\*150.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

1/7/03

305 579 0500

Date

Daytime Phone #

CR2E034 (10/02)

0218025 AV