

DOCUMENT # F94000002558

1. Entity Name

ZAPATA GROUP SERVICES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90161 001 ***300.00

Principal Place of Business

Mailing Address

2699 S BAYSHORE DRIVE
 PENTHOUSE B
 COCONUT GROVE FL 33133
 US

2699 S BAYSHORE DRIVE
 PENTHOUSE B
 COCONUT GROVE FL 33133-5428
 US

2. Principal Place of Business

2699 S. Bayshore Drive

3. Mailing Address

2699 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse-B

Penthouse-B

City & State

City & State

Coconut Grove, FL

Coconut Grove, FL

Zip 33133

Country USA

Zip 33133

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0470363

Applied For

Not Applicable

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

HAZDAY, SALOMON JR
 2699 S BAYSHORE DRIVE
 PENTHOUSE B
 COCONUT GROVE FL 33133

Name

Milagros Laguna

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

2699 S. Bayshore Drive

Penthouse-B

City

Coconut Grove

FL

Zip Code

33133

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.

SIGNATURE

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

Milagros Laguna

(NOTE: Registered Agent signature required when reinstating)

3.8.00

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZDAY, SALOMON JR		NAME	Milagros Laguna	
STREET ADDRESS	2699 S BAYSHORE DR, PENTHOUSE B		STREET ADDRESS	2699 S. Bayshore Drive, PH-B	
CITY - ST - ZIP	COCONUT GROVE FL 33133		CITY - ST - ZIP	Coconut Grove, FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAPATKA-BAKAS, CLAUDIO		NAME	Zapata-Akincilar, Hernan	
STREET ADDRESS	2699 S BAYSHORE DR, PENTHOUSE B		STREET ADDRESS	2699 S. Bayshore Drive, PH-B	
CITY - ST - ZIP	COCONUT GROVE FL 33133		CITY - ST - ZIP	Coconut Grove, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIANO-CUENCA, RICARDO		NAME		
STREET ADDRESS	2699 S BAYSHORE DRIVE, PENTHOUSE B		STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL 33133		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPATKA-AKINCILAR, HERNAN		NAME		
STREET ADDRESS	2699 S BAYSHORE DRIVE, PENTHOUSE B		STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL 33133		CITY - ST - ZIP		
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, RAYMOND		NAME		
STREET ADDRESS	2699 S BAYSHORE DRIVE, PENTHOUSE B		STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL 33133		CITY - ST - ZIP		
TITLE	EO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZANA, JORGE		NAME		
STREET ADDRESS	2699 S BAYSHORE DRIVE, PENTHOUSE B		STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL 33133		CITY - ST - ZIP		

3. 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 11 or Block 12 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

Care

Daytime Phone #

3.8.00

305-856-8804

CR2524 (9/00)