# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 30 PM 3:35

DOCUMENT # G22413

1. Entity Name
EL ZAPOTAL INCORPORATED

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8135 NW 93rd Street | 8135 NW 93rd Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MEDLEY | City & State: MEDLEY |
| Zip: 33166 Country: U.S.A | Zip: 33166 Country: U.S.A |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-226 5698 ☐ 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: ORESTES VIDAL

Street Address (P.O. Box Number is Not Acceptable): 8135 NW 93rd Street

City: MEDLEY FL Zip Code: 33166

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: ORESTES VIDAL Jr. 1/22/02
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES, DIRECTOR<br>JOSE RODRIGOEZ BATLLE<br>8135 NW 93 Street<br>MEDLEY FL. 33166 |
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CR2E084E (1/00)

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Batlle 1-22-02 305-885-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #