## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G56127**

1. Entity Name

TITLE NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ZEVETSE, CORP.

Principal Place	e of Business	Mailing Address	Mailing Address						
13399 SW 131 ST O BOX 650948 FL 33165		13399 SW 131 ST P O BOX 650948 MIAMI FL 33265-0948		į.					
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DONO! WAITE IN	riio or	ACL		
City & State		City & State		<b>4.</b> F	FEI Number 59-2338318			plied For t Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
		<del></del>	Name		<del></del> :				
ESTE 9771 MIAN	Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
14182/14	11 1 E 00 100		City	<del> </del>		FL	Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Florida.				
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatur	e required when re	ainstating) D	ATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		Election Campaign Financing     Trust Fund Contribution.	g 🗆		May Be to Fees	
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTEVEZ, JOSE 9771 SW 45TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P ESTEVEZ, CONCEPCION L 9771 SW 45TH ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-		Change	Addition	

☐ Delete

☐ Delete

☐ Delete

SIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90135 039 \*\*\*150.00



G111-31-21F		Olly St Zii						
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition					
NAME	·	NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNAT	TURE: 318 JURE RECTURA		Cepul 11 2000					

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Addition

☐ Addition

Addition

☐ Change

☐ Change

☐ Change