

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67540

### 1. Entity Name

**THAIS-ZEUS INVESTMENTS, INC.**

**FILED**

**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90063 042 \*\*\*150.00

Principal Place of Business <b>% MARIANELA ANDINO</b> 4625 E. 9TH CT HIALEAH FL 33013-2011		Mailing Address <b>% MARIANELA ANDINO</b> 4625 E. 9TH CT HIALEAH FL 33013-2011		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2537317</b> <div>Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/></div>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ZAIAC, MANUEL</b> <b>100 S.E. 2ND ST. (2350)</b> <b>MIAMI FL 33131</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div><b>DP</b> <b>ANDINO, MARIANELA</b> <b>4625 E 9TH CT</b> <b>HIALEAH, FL 33013</b></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div></div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <b>1-18-00</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					