

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000003762

1. Entity Name

ZONAL INTERNACIONAL, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business

Mailing Address

10248 NW 57 ST  
Miami, FL 33178

10248 NW 57 ST  
Miami, FL 33178

2. Principal Place of Business

3. Mailing Address

10248 NW 57 ST  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33178

U.S.A.

4. FEI Number

65-0933224

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALCEDO SANDRA  
3108 NW 91ST AVE  
CORAL SPRINGS FL 33065

Name

VARGAS GERARDO

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

10248 NW 57 ST

City

Miami

FL

Zip Code

33178

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9.

MANAGING MEMBERS/MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR  
VARGAS GERARDO  
10248 NW 57 ST  
Miami, FL 33178

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR  
CORDOBA ALICIA  
10248 NW 57 ST  
Miami, FL 33178

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

VARGAS GERARDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

06-12-00 (305)629-8545

Date

Daytime Phone #

CR2E083 (11/99)