

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21060

1. Entity Name

ZAR INVESTMENTS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90054 013 ***158.75

Principal Place of Business

3191 CORAL WAY
STE 200
MIAMI FL 33145
US

Mailing Address

3191 CORAL WAY
STE 200
MIAMI FL 33145-3219
US

2. Principal Place of Business

780 NW LeJeune Rd

Mailing Address

780 NW LeJeune Rd

Suite, Apt., etc.

#427

Suite, Apt., etc.

#427

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2626029

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTON, SERGIO R
3191 CORAL WAY
STE 200
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Sergio R. Penton, P.A.

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

780 N.W. LeJeune Rd., Suite 427

Miami, Florida 33126

City

FL

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

03/10/00

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

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	PENTON, SERGIO R	
STREET ADDRESS	3191 CORAL WAY #200	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALO, G. CHIRIBOGA	
STREET ADDRESS	CASILLA 3786	
CITY-ST-ZIP	ECUADOR	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIRITOGA, GALO G	
STREET ADDRESS	CASILLA-3786	
CITY-ST-ZIP	ECUADOR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penton, Sergio R	
STREET ADDRESS	780 NW LeJeune Rd. Suite 427	
CITY-ST-ZIP	Miami, FL. 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALO, G. Chiriboga	
STREET ADDRESS	Casilla 3786	
CITY-ST-ZIP	ECUADOR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

[Signature] Sergio R Penton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/00 302 448-1362

Date

Daytime Phone #

CR2E034 (9/99)