2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # M27837 1. Entity Name Z.A.C., INC. 04-27-2001 90369 002 ***150.00 Principal Place of Business Mailing Address C/O JAMES CARDONE C/O JAMES CARDONE 14503 S.W. 77 STREET 14503 S.W. 77 STREET MIAM! FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2664618 Not Applicable Z:p Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDONE, JAMES Street Address (P.O. Box Number is Not Acceptable) 14503 SW 77 STREET MIAMI FL 33183 Zip Code City 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 Florica. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Chance Addition TITLE ☐ Delete TITLE CARDONE, JAMES NAME NAME 14503 SW 77 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP MIAMI FL STD ☐ Delete TITLE ☐ Change Addition TITLE CARDONE, MAURA NAME NAMS 14503 SW 77 STREET STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL [T] Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change ☐ Delete TITLE Addition | TITLE NAMS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 st Block 12 in

FILED