

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90027 046 ***158.75

0206404 AV

DOCUMENT # M50085

1. Entity Name
ZENDO CAPITAL INC.

Principal Place of Business

905 BRICKELL BAY DR
1629
MIAMI FL 33131

Mailing Address

905 BRICKELL BAY DR
1629
MIAMI FL 33131

2. Principal Place of Business

1717 N. Bayshore Drive
Suite, Apt. #, etc.
3452

City & State
MIAMI, FL

Zip
33132 Country
Miami-Dade

3. Mailing Address

1717 N. Bayshore Drive
Suite, Apt. #, etc.
3452

City & State
MIAMI FL

Zip
33132 Country
Miami-Dade

4. FEI Number 65-0001759

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEIDRUM, BAUGARTNER T
905 BRICKELL BAY DR
STE 1629
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
HEIDRUM BAUGARTNER T.
Street Address (P.O. Box Number is Not Acceptable)
1717 N. Bayshore Drive
Suite
3452
City
MIAMI FL Zip Code
33132

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAHA, WALTER 218 COMMERCIAL BLVD. #204 LAUDERDALE BY THE SEA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THEUERMEISTER, WOLFRAM F 905 BRICKELL BAY DRIVE #1629 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUGARTNER-THEUERMEISTER, HEIDRUM 905 BRICKELL BAY DRIVE #1629 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1717 N. Bayshore Drive 3452 MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1717 N. Bayshore Drive 3452 MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *H. Baumgartner* **03/22/02** **305-3720706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)