

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90227 016 ***150.00

DOCUMENT # P000000.5709 ✓

1. Entity Name

ZOTEL, INC.

Principal Place of Business

Mailing Address

2210 NW 192 Terr,
Opa Locke, FL 33056

2210 NW 192 Terr,
Opa Locke, FL 33056

659935

2. Principal Place of Business

3. Mailing Address

2210 NW 192 Terr,

2210 NW 192 Terr,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Opa Locke FL

Opa Locke FL

4. FEI Number

☐ Applied For
☐ Not Applicable

65-0980890

Zip

Country

Zip

Country

33056

US

33056

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Spiegel & Utrera, P.A. (Elsie Sanchez)
343 Almeria Avenue
Coral Gables, FL 33134

Name

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

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

(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!
After MAY 1, 2001
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Alonzo B. Gilbert</u>	
STREET ADDRESS	<u>2210 NW 192 Terr</u>	
CITY-ST-ZIP	<u>Opa Locke FL 33056</u>	
TITLE	<u>Owner</u>	<input type="checkbox"/> Delete
NAME	<u>Alonzo B. Gilbert</u>	
STREET ADDRESS	<u>2210 NW 192 Terr</u>	
CITY-ST-ZIP	<u>Opa Locke, FL 33056</u>	
TITLE	<u>Secretary</u>	<input type="checkbox"/> Delete
NAME	<u>Alonzo B. Gilbert</u>	
STREET ADDRESS	<u>2210 NW 192 Terr</u>	
CITY-ST-ZIP	<u>Opa Locke, FL 33056</u>	
TITLE	<u>Treasurer</u>	<input type="checkbox"/> Delete
NAME	<u>Alonzo B. Gilbert</u>	
STREET ADDRESS	<u>2210 NW 192 Terr</u>	
CITY-ST-ZIP	<u>Opa Locke, FL 33056</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Alonzo B. Gilbert</u>	
STREET ADDRESS	<u>2210 NW 192 Terr</u>	
CITY-ST-ZIP	<u>Opa Locke, FL 33056</u>	
TITLE		<input type="checkbox"/> Delete
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		
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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:

Alonzo B. Gilbert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

(305) 975-3568
 Daytime Phone #

CR2E034 (11/00)