

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022219

1. Entity Name
ZAMORA GROUP CORPORATION

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90022 007 ***150.00

Principal Place of Business

**3446 S.W. 8TH STREET
SUITE 203
MIAMI FL 33135**

Mailing Address

**2446 S.W. 8TH STREET
SUITE 203
MIAMI FL 33135**

**13501 NW 3RD ST #103
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

**13501 NW 3RD ST #103
SUITE APT. #, etc.
#103**

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES FL

4. FEI Number

65-0990690

Applied For

Not Applicable

Zip

Country

Zip

Country

33028

U.S.A

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

**ZAMORA, MIGUEL
13501 NW 3RD STREET, #103
PEMBROKE PINES FL 33028**

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!!! FEE IS \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, MIGUEL 13501 NW 3RD STREET #103 PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-01 954-704-9454

CR2E034 (10/00)