

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022814

1. Entity Name

ZARABOZO ENTERPRISES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90412 040 ***150.00

Principal Place of Business

10105 S.W. 2ND TERRACE
MIAMI FL 33174

Mailing Address

10105 S.W. 2ND TERRACE
MIAMI FL 33174

00054561

2. Principal Place of Business

1840 West 49th Street

Suite, Apt. #, etc.

603-03

3. Mailing Address

P.O. Box 720160

Suite, Apt. #, etc.

City & State

Mialeah, FL

City & State

Miami, FL

4. FEI Number

65-0992508

Applied For

Not Applicable

Zip

33012-2037 USA

Country

Zip

33172

Country

USA

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

ZARABOZO, GLADYS

10105 S.W. 2ND TERRACE

MIAMI FL 33174

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/01

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 ☐ Delete
NAME PD
STREET ADDRESS ZARABOZO, ERKIS
CITY-ST-ZIP 10105 S.W. 2ND TERRACE
MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS ZARABOZO, GLADYS
CITY-ST-ZIP 10105 S.W. 2ND TERRACE
MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE: GLADYS ZARABOZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/01 (305) 5989624

CR2E034 (10/00)