

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90234 004 ***150.00

DOCUMENT # P00000022814

1. Entity Name
ZARABOZO ENTERPRISES, INC.

Principal Place of Business

1840 W. 49TH ST
 603-03

HAIALEAH FL 33012-2937

Mailing Address

PO BOX 720160
 MIAMI FL 33172

2. Principal Place of Business

3468 SW 113 CRT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 720185

Suite, Apt. #, etc.

Miami, FL 33172

City & State

Miami, FL

City & State

4. FEI Number

65-0992508

Applied For

Not Applicable

Zip

Country

33165

USA

Zip

Country

33172

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARABOZO, GLADYS
 10105 S.W. 2ND TERRACE
 MIAMI FL 33174

7. Name and Address of New Registered Agent

Name Gladys Zarabozo

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

3468 SW 113 CRT

Miami

City

FL

Zip Code

33165

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZARABOZO, ERKIS	
STREET ADDRESS	10105 S.W. 2ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZARABOZO, GLADYS	
STREET ADDRESS	10105 S.W. 2ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARABOZO ERKIS	
STREET ADDRESS	3468 SW 113 CRT	
CITY-ST-ZIP	Miami FL 33165	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARABOZO GLADYS	
STREET ADDRESS	3468 SW 113 CRT	
CITY-ST-ZIP	Miami, FL 33165	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:  Gladys Zarabozo 4/28/02 786 2951808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)