

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90071 003 ***158.75

DOCUMENT # P000000033737
 1. Name ZONA Trading Inc. ✓

Principal Place of Business Mailing Address SAME
9240 SW 72st #242
Miami Fl. 33173

2. Principal Place of Business 3. Mailing Address SAME
9240 SW 72 street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 242
 City & State City & State
Miami Florida
 Zip Country Zip Country
33173 USA

625998

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996448 Applied For Not Applicable
 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
Damian Gomez Name Damian Gomez
9240 SW 72st suite #242 Street Address (P.O. Box Number is Not Acceptable)
Miami Florida 33173 9240 SW 72 street suite #242
 City Miami FL Zip Code 33173

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 X V. Gomez DATE 12/18/2000
 Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

CR2034 (9/99)