# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 09, 2002 8:00 am**
**Secretary of State**
04-09-2002 90080 037 ***150.00

DOCUMENT # P00000044359

1. Entity Name

ZARAK LOGISTICS TRANSPORT, INC.

**DO NOT WRITE IN THIS SPACE**

B0061707

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8071 SW 136TH CT. | P.O.BOX 591823 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL. 33183 | City & State: MIAMI, FL. |
| Zip: 33183 Country: U.S.A. | Zip: 33159-1823 Country: U.S.A. |

4. FEI Number: 65-1010160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: ENRIQUE ZARAK

Street Address (P.O. Box Number is Not Acceptable): 8071 SW 136TH CT.

City: MIAMI **FL** Zip Code: 33183

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] Enrique Zarak 03/25/02
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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | D |
| NAME | LAZARO R. GONZALEZ |
| STREET ADDRESS | 631 SW TAMIAMI BOULEVARD |
| CITY-ST-ZIP | MIAMI, FL. 33144 |
| TITLE | D |
| NAME | ENRIQUE ZARAK |
| STREET ADDRESS | 8071 SW 136TH CT. |
| CITY-ST-ZIP | MIAMI, FL. 33183 |
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] Enrique Zarak 3-25-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #