

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91102 015 \*\*\*150.00

**DOCUMENT # P00000051721**

1. Entity Name  
**ZUCCO BOUTIQUE, INC.**

Principal Place of Business <b>9931 SW 23RD ST FORT LAUDERDALE FL 33324</b>	Mailing Address <b>9931 SW 23RD ST FORT LAUDERDALE FL 33324</b>
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2. Principal Place of Business <b>1717 MAIN Street</b>	3. Mailing Address <b>1717 MAIN Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WESTON FLA</b>	City & State <b>Weston FLA</b>
Zip <b>33326</b>	Zip <b>33326</b>
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1010710</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GODOY-CAMEJO, OMAIRA 9931 SW 23RD ST FORT LAUDERDALE FL 33324</b>	7. Name and Address of New Registered Agent Name <b>Nikolas CAMEJO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9931 SW 23rd Street</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33324</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GODOY-CAMEJO, OMAIRA 9931 SW 23RD ST FORT LAUDERDALE FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY NIKOLAS CAMEJO 9931 SW 23rd Street Ft. Lauderdale, Fla. 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Nikolas CAMEJO **Nikolas CAMEJO** 2/13/01 (954) 217-7515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)