

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90068 045 \*\*\*550.00

**DOCUMENT # P00000071297**

1. Entity Name  
**ZUMOVAL AMERICAS, INC.**

Principal Place of Business

675 S.W. 12TH AVENUE #101  
 POMPANO BEACH FL 33069

Mailing Address

675 S.W. 12TH AVENUE #101  
 POMPANO BEACH FL 33069

2. Principal Place of Business

500 NW 12th Ave  
 Suite, Apt. #, etc.  
 206 Suite

3. Mailing Address

500 NW 12th Ave  
 Suite, Apt. #, etc.  
 Suite 206

City & State  
 Pompano Beach Florida

Zip Country  
 33069 United States.

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 Pompano Beach Florida

Zip Country  
 33069 United States

4. FEI Number **65-1081787**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSTON, ANDREW-J**  
**2335 EAST ATLANTIC BOULEVARD**  
**SUITE 301**  
**POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **D WARREN, PETER A**  
 STREET ADDRESS **675 S.W. 12TH AVENUE #101**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)