

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90018 002 ***150.00

DOCUMENT # P00000080204

1. Entity Name
ZOLITA REAL ESTATE PROPERTIES, INC.

Principal Place of Business

**109 SE 9TH STREET
 # 3
 HALLANDALE FL 33009**

Mailing Address

**109 SE 9TH STREET
 # 3
 HALLANDALE FL 33009**

2. Principal Place of Business

410 E. HALLANDALE BEACH BLVD

3. Mailing Address

410 E. HALLANDALE BEACH BLVD

Suite, Apt., etc.

204

Suite, Apt., etc.

204

City & State

HALLANDALE, FLORIDA.

City & State

HALLANDALE, FLORIDA.

Zip

33009

Country

BROWARD

Zip

33003

Country

BROWARD.

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-1037977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL, INC.
 5545 SW 8 ST STE 107
 MIAMI FL 33134**

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.

SIGNATURE

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) ☐

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	ARIAS, HUMBERTO	
STREET ADDRESS	19555 COUNTRY CLUB DR # 8202	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARIAS, GARCIA H	
STREET ADDRESS	19555 COUNTRY CLUB DR # 8202	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORDONEZ, CLAUDIA	
STREET ADDRESS	19555 COUNTRY CLUB DR # 8202	
CITY-ST-ZIP	AVENTURA FL 33180	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, HUMBERTO.	
STREET ADDRESS	21120 NE 31 PL	
CITY-ST-ZIP	AVENTURA, FL 33180.	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, GARCIA H	
STREET ADDRESS	21120 NE 31 PL	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORDONEZ, CLAUDIA.	
STREET ADDRESS	21120 NE 31 PL	
CITY-ST-ZIP	AVENTURA, FL 33180	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)