

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090750

1. Entity Name  
Z-PROPERTIES, INC.

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90496 012 \*\*\*150.00

Principal Place of Business  
8950 S.W. 57TH AVENUE  
PINECREST VILLAGE FL 33156

Mailing Address  
8950 S.W. 57TH AVENUE  
PINECREST VILLAGE FL 33156

814444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9410 SW 64 TERR  
Suite, Apt. #, etc.

3. Mailing Address  
9410 SW 64 TERR  
Suite, Apt. #, etc.

City & State  
Miami Florida  
Zip  
33173  
Country  
DADE

City & State  
Miami Florida  
Zip  
33173  
Country  
DADE

4. FEI Number  
#65-1044468

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

ZALDIVAR, JOHN J  
8950 S.W. 57TH AVENUE  
PINECREST VILLAGE FL 33156

Name  
ZALDIVAR John JR.  
Street Address (P.O. Box Number is Not Acceptable)  
9410 SW 64 TERR  
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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ZALDIVAR, JOHN J JR 8950 SW 57TH AVENUE PINECREST VILLAGE FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZALDIVAR, JOHN J JR 9410 SW 64 TERR MIAMI FL. 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZALDIVAR GLORIA M 9410 SW 64 TERR MIAMI FL. 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: John Zaldivar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-01 305-205-8445  
Date Daytime Phone #

CR2E034 (10/00)