

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000091421**1. Entity Name  
CUSTOM CARTOGRAPHICS GROUP CORP.

## Principal Place of Business

5600 SW 135 AVE.  
SUITE 214-A ST.  
MIAMI FL  
33183

## Mailing Address

5600 SW 135 AVE.  
SUITE 214-A ST.  
MIAMI FL  
331832. Principal Place of Business  
2050 NORTH ANDREWS EXTENTION3. Mailing Address  
2050 NORTH ANDREWS EXTENTIONSuite, Apt. #, etc.  
203Suite, Apt. #, etc.  
203

DO NOT WRITE IN THIS SPACE

City & State  
POMPAÑO BEACH FLCity & State  
POMPAÑO BEACH FL4. FEI Number  
**65-1042590**Applied For  
Not ApplicableZip Country  
33069Zip Country  
330695. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ZAVALA ANDRES  
650 NE 64 ST.MIAMI FL  
33138 US

## 7. Name and Address of New Registered Agent

Name  
ZAVALA ANDRESStreet Address (P.O. Box Number is Not Acceptable)  
2200 CALAIS DR

5

City FL Zip Code  
MIAMI BEACH 33141

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 **ANDRES ZAVALA****04/30/2001**

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, 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 PSTD ☐ Delete  
NAME ZAVALA ANDRES  
STREET ADDRESS 650 NE 64 ST.  
CITY-ST-ZIP MIAMI FL 33138TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME ZAVALA ANDRES  
STREET ADDRESS 2200 CALAIS DR # 5  
CITY-ST-ZIP MIAMI BEACH FL 33141TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Andres Zavala**PSTD **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)