

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90821 010 \*\*\*150.00

DOCUMENT # P00000096660



1. Entity Name  
**ZEGA CORP.**

Principal Place of Business  
**2599 NE 163 ST  
N. MIAMI BEACH FL 33160**

Mailing Address  
**2599 NE 163 ST  
N. MIAMI BEACH FL 33160**



2. Principal Place of Business

3. Mailing Address  
**17062 NW 16th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Pembroke Pines. FL**

4. FEI Number  
**65-0993148**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33028**

Country

**U.S.A.**

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**

**ZAMBRANO, ENRIQUE  
2599 NE 163 ST  
N. MIAMI BEACH FL 33160**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ZAMBRANO, ENRIQUE</b>	
STREET ADDRESS <b>17062 N.W. 16TH STREET</b>	
CITY - ST - ZIP <b>PEMBROKE PINES FL 33028</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>ZAMBRANO, RICARDO</b>	
STREET ADDRESS <b>16965 SW 38 ST</b>	
CITY - ST - ZIP <b>MIRAMAR FL 33027</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>ZAMBRANO, LUIS</b>	
STREET ADDRESS <b>17062 N.W. 16TH STREET</b>	
CITY - ST - ZIP <b>PEMBROKE PINES FL 33028</b>	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED PD** Date: **4/29/03** Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)