9/19/01-90123-047-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106457

1. Entity Name

ZANAGA FINANCIAL INC

Principal Place of Business: 7971, South Orange Blossom Trail, Orlando, FL, Zip CODE 32.809

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 Sep 19 PM 4:00

A0086704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	7971 South Orange Blossom Trail
Suite, Apt. #, etc.	
City & State	Orlando, FL
Zip	32.809
Country	U.S.A.
3. Mailing Address	Same
Suite, Apt. #, etc.	
City & State	
Zip	
Country	

4. FEI Number: NONE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, 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, 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	PRESIDENT	☐ Delete
NAME	SOBRINHO, ANTONIO ZANAGA	
STREET ADDRESS	7971, South Orange Blossom Trail	
CITY-ST-ZIP	Orlando, FL Zip CODE 32.809	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	ZANAGA, NETO JOSE DANTE	
STREET ADDRESS	7971, South Orange Blossom TRail	
CITY-ST-ZIP	Orlando, FL Zip Code 32.809	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: ____ 09.12.2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AD