

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 MAY 31 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000106457**

1. Entity Name

ZANAGA FINANCIAL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7971, South Orange Blossom Trail

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip
32809

Country
U.S.A.

Zip

Country

El Number
65-1054239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel & Utreara, P.A.

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave.

City

Coral Gable

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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 restoring)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
SOPRINHO, ANTONIO ZANAGA
7971, South Orange Blossom Trail
Orlando, FL Zip Code 32809

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE-PRESIDENT
ZANAGA, NETO JOSE DANTE
7971, South Orange Blossom Trail
Orlando, FL Zip CODE 32809

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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****150.00 ****150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR210 (Rev. 12/01)