2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State
05-24-2001 90498 013 ***150.00

DOCUMENT # P00000107347

1. Entity Name

Tito Zambrana & Associates, Inc.

Principal Place of Business	Mailing Address
9010 SW 137th Avenue Suite 105-107 Miami, FLorida 33186	9010 SW 137th Avenue Suite 105-107 Miami, Florida 33186

[redacted]

76719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9010 SW 137th Avenue	9010 SW 137th Avenue
Suite, Apt. #, etc. Suite 105-107	Suite, Apt. #, etc. Suite 105-107
City & State Miami, Florida	City & State Miami, Florida
Zip 33186. Country Dade	Zip 33186 Country Dade

4. FEI Number 65-1060917 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Tito Zambrana
9010 SW 137th Avenue
Suite 105-107
Miami, FLorida 33186

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tito Zambrana 9010 SW 137th Avenue Suite 105-107 Miami, Florida 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______ May 7-01 305-383 5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #