

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109285

1. Entity Name  
**ZMAM TOLL INVESTMENTS, INC.**

Principal Place of Business  
**26115 S. DIXIE HIGHWAY  
HOMESTEAD FL 33032**

Mailing Address  
**26115 S. DIXIE HIGHWAY  
HOMESTEAD FL 33032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651067258

Applied For

Not Applicable

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

**TOLL, ALBERTO  
26115 S. DIXIE HIGHWAY  
HOMESTEAD FL 33032**

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

08-29-01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 ☐ Delete  
NAME **D TOLL, ALBERTO**  
STREET ADDRESS **26115 S. DIXIE HIGHWAY**  
CITY-ST-ZIP **HOMESTEAD FL 33032**

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

TITLE ☐ Delete  
NAME **D TOLL, CARMEN S**  
STREET ADDRESS **26115 S. DIXIE HIGHWAY**  
CITY-ST-ZIP **HOMESTEAD FL 33032**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-28-01

Date

305 258 8077

Daytime Phone #

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90068 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0026419 AV

CR2E034 (5/01)

Attachment  
#PD0000109285  
12594

September 10, 2001

Florida Department of Revenue  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-15003

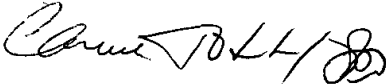
Re: ZMAM Toll Investments, Inc.

Dear Sir or Madam:

Pursuant to our conversation last Friday, enclosed please find the report you recently sent me. As we discussed in March I sent you a report signed and my \$150 check for you processed. Apparently that report has been misplaced. As we discussed, enclosed is the new report you sent which I have signed and sent.

Thank you and if you need any further information, please call.

Sincerely,



Carmen Toll  
President  
ZMAM Toll Investments, Inc.