

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 031 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000006142 1. Entity Name ZAM, INC.			
Principal Place of Business 3400 PERIWINKLE CT, STE 116 PALM BEACH GARDENS, FL 33410		Mailing Address 3500 MARIGOLD CT #204 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 803 PROMENADE WAY Suite, Apt. #, etc. 206 City & State JUPITER FLORIDA Zip 33458		3. Mailing Address 803 PROMENADE WAY Suite, Apt. #, etc. 206 City & State JUPITER FLORIDA Zip 33458	
4. FEI Number 66-1075578		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMBRANO, MIGUEL 3400 PERIWINKLE CT, STE 116 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 803 PROMENADE WAY 206 City JUPITER	
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 Signature, based on printed name of registered agent and title 7, Chapter 607, Florida Statutes.		DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	D ZAMBRANO, MIGUEL 3400 PERIWINKLE CT, STE 116 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☒ Change ☐ Addition 803 PROMENADE WAY #206 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMBRANO, DIANA 3400 PERIWINKLE CT, STE 116 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☒ Change ☐ Addition 803 PROMENADE WAY #206 JUPITER, FL 33458
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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 execute 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: <u>MIGUEL ZAMBRANO</u> PRESIDENT 4/30/3 (561) 630-5399			

CH2ED04 (10/02)