

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-03-2003 90143 017 ***150.00

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

4/

DOCUMENT # **PO1000021781**
1. Entity Name **ZAPATA'S DELI & GROCERY INC**
1745 DREW STREET
CLEARWATER FL 33755



DO NOT WRITE IN THIS SPACE

55028095

2. Principal Place of Business
1745 DREW STREET
Suite, Apt. #, etc.
CLEARWATER, FLORIDA
City & State
Zip **33755** Country **FLORIDA**

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3702414** Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent
Name **OSCAR E. ZAPATA**
Street Address (P.O. Box Number is Not Acceptable)
2820 CHALLENGER DR
City **PALM HARBOR** FL Zip Code **34683**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and sign if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	OSCAR ZAPATA	2820 CHALLENGER DR	PALM HARBOR FL 34683

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)