

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041993

1. Entity Name

ZARCO INVESTMENT CORPORATION

Principal Place of Business
NEAL S LITMAN, P.A.
2900 SW 28TH TERR. GROVE PLAZA-2ND FL
COCONUT GROVE FL 33133

Mailing Address
NEAL S LITMAN, P.A.
2900 SW 28TH TERR. GROVE PLAZA-2ND FL
COCONUT GROVE FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

6. Name and Address of Current Registered Agent
LITMAN, NEAL S ESQ
2900 SW 28 TERR, GROVE PLAZA-2ND FL
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
Name: WILLIAM G. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 966 N.W. 168TH AVE.
City: PEMBROKE PINES FL Zip: 33028

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: *William Rodriguez* DATE: 10/09/03
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ O, WILLIAM G		NAME	400023818674	
STREET ADDRESS	966 NW 168TH AVE		STREET ADDRESS	10/15/03--01057--002	**900.00
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ F, JOSE B		NAME		
STREET ADDRESS	966 NW 168TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ F, JOSE M		NAME		
STREET ADDRESS	966 NW 168TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *William Rodriguez* DATE: 10/09/03 DAYTIME PHONE: 954-447-9014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 OCT 14 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

0208556 AV

CR2E034 (9/01)