2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049065

FILED

02 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Z-R PROFESSIONAL SERVICES, INC

Principal Place of Business	Mailing Address
2975 S.W. 2 St Miami Fl. 33135	2975 S.W 2 St Miami Fl 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13155 IXORA ct	7105 S.W 8 St
Suite, Apt. #, etc.: 509	Suite, Apt. #, etc.: 103
City & State: North Miami	City & State: Miami Fl
Zip: 33181 Country:	Zip: 33144 Country:

4. FEI Number: 65-1105104 ☐ 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
Rojas, REINALDO 2975 S.W. 2 St Miami Fl 33135	Name Street Address (P.O. Box Number is Not Acceptable): 13155 IXORA CT. #509. City: N. Miami FL Zip Code: 33181

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Rojas, Reinaldo 2975 S.W. 2 St Miami Fl. 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13155 Ixora ct. #509 North Miami 33181 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Rojas, Gina Paola 2975 S.W 2 St Miami Fl. 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13155 Ixora ct, #509 North Miami Fl 33181 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/30/02 (305)226-3443