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

## DOCUMENT #

P01000051667

1. Entity Name

ZORCK DESIGN, INC.



## **FILED** Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90140 041 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State	Principal Place of Business 21085 MADRIA CIRCLE BOCA RATON FL 33433				Mailing Address 21085 MADRIA CIRCLE BOCA RATON FL 33433								
City & State	2. Principal Place of Business				3. Mailing Address				E 15051940 OTE BUINE 1100 MUTIL 90113	8611 <b>68181 6</b> 11		<b>a</b> nih 1601 1001	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desire   \$8.75 Additional fee Required F	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Certricate of Status Desired   Fee Required   Fe	City & State				City & State				FEI Number 65-1108300				
BAPTISTA, ADONIS L 21095 MADRIA CIRCLE BOCA RATON FL 33433  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am flam with, and accept the obligations of negistered agent and literal application.  Signature Rows I, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  BAPTISTA, ADONIS L  STREET ADDRESS  CITY-S1-2P  TITLE  MAME SIRRET ADDRESS  CITY-S1-2P  Delete  MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE MINE MINE SIRRET ADDRESS  CITY-S1-2P  Delete MINE MINE MINE MINE MINE MINE MINE MINE	Zip	Country Zi				try							
BAPTISTA, ADONIS L 21085 MADRIA CIRCLE BOCA RATON FL 33433  Site of Address (P.O. Box Number is Not Acceptable)  City  FL  City  City  FL  City  City  FL  City  City  FL  City  City  City  FL  City  City  FL  City  City  City  City  City  FL  City  C		_6Name	and Address of Currer	nt Registere	ed Agent			7l	Name and Address of New Re	gistered Aç	gent		
21085 MADRIA CIRCLE BOCA RATON FL 33433  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, honder or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when refinitive)   DATE	PLOTICE ARANGA											)	
BOCA RATON FL 33433    City   FL   Zip Code					Ī			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyperid or printed name of registered agent and site of applicable   (NOTE: Registered Agent signature required when reinstating)   DATE													
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	BUCH RATUR FL 33433									FI	Zip Cod	e	
SIGNATURE    Signature, hybed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when relicitating)   DATE	9 The above	named entity	cubmits this statement	for the purp	nose of changing its	rogistore	nd office or rea	nietorod an	ent, or both, in the State of Flori		miliar with	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE PSTD				tor the purp	lose of changing its	ichisteic	ou onice or reg	gistered ag	ent, or both, in the otate of Fron	oa. rama	THE THE T	and docopt	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	SIGNATURE _	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	: Registered	d Agent signature n	equired when re	einstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	May 1, 200	3 Fee will be \$550.0										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.		OFFICERS AN	D DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BAPTISTA 21085 MA	DRIA CIRCLE		☐ Delete	STRE	E Et address			l	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME Street address				☐ Delete	NAME	E ET ADDRESS		,	!	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				☐ Delete	NAME STREE	E Et address	. +		(	Change	☐ Addition	
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0/11-0/- Lil	NAME				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  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	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREE CITY	ET ADDRESS -ST-ZIP					Addition	

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:

(561) 852-4942