

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90390 037 ***150.00

DOCUMENT # P01000056151

1. Entity Name

ZURK, inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3741 Sunny Isles Blvd #160

Suite, Apt. #, etc.

#160

3. Mailing Address

3741 Sunny Isles Blvd.

Suite, Apt. #, etc.

#160

DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach FL

City & State

North Miami Beach FL

4. FEI Number

65-1124766

Applied For

Not Applicable

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GUSTAVO F. Cruz

Street Address (P.O. Box Number is Not Acceptable)

3741 Sunny Isles Blvd. #160

City

North Miami Beach

FL

Zip Code

33160

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GUSTAVO CRUZ
3741 Sunny Isles Blvd. #160
N.M.B. FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Cruz
May 31, 2002 954-873-1909
Date Daytime Phone #

CR2E034B (12/01)

Attachment # PO1000056151
117663

Zurk Inc.
3741 Sunny Isles Blvd. Suite 160
North Miami Beach, Fl. 33160

May 31, 2002

As per my phone conversation with Mr. Tyrone Scott on May 31, 2002, explaining to him that I had not received the Uniform Business Report that my account was requesting, please find enclosed an original (UBR) that I downloaded from the internet, and Company check # 105 for the amount of \$150.00.

After verifying with Mr. Scott that the address you had on record was incorrect I would ask you to please except this note as a waiver of any late fees this might have incurred.

Gustavo Cruz


President