

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0219714 AV

DOCUMENT # **P01000060823**

1. Entity Name
ZOE ENTERPRISES PROPERTIES CORP.



05-05-2003 90334 038 ***150.00

Principal Place of Business
**1300 BRICKELL AVE
MIAMI FL 33131**

Mailing Address
**1300 BRICKELL AVE
MIAMI FL 33131**

11055013



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1119803**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BOYONA, JUAN P
1300 BRICKELL AVE
MIAMI FL 33131**

Name **Milagros Sanchez**
Street Address (P.O. Box Number is Not Acceptable)
1300 Brickell Avenue
City **Miami** FL Zip Code **33131**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **GAMBARD, DANIEL**
STREET ADDRESS **1300 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** Change Addition
NAME **WASSMANN ALBERTO**
STREET ADDRESS **1300 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **S** Delete
NAME **FROST, MARIANA**
STREET ADDRESS **1300 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** Change Addition
NAME **WASSMANN BEATRIZ**
STREET ADDRESS **1300 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 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: *[Signature]* SIGNATURE REQUIRED **ALBERTO WASSMANN** 4/29/03 305-351-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)