

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90136 029 \*\*\*158.75

**DOCUMENT # P01000095893**



1. Entity Name  
**ZEALOGY, INC.**

Principal Place of Business  
**10917 SW 75TH ST  
MIAMI FL 33173**

Mailing Address  
**2306 MILLS DRIVE #576  
MIAMI FL 33183**

2. Principal Place of Business  
**8306 MILLS DRIVE  
Suite, Apt. #, etc.  
# 576**

3. Mailing Address  
**8306 MILLS DRIVE #576  
Suite, Apt. #, etc.**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33183**

Country  
**USA**

Zip  
**33183**

Country  
**USA**

4. FEI Number  
**65-1144127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GONZALEZ, NILTON  
10917 SW 75TH ST  
MIAMI FL 33173**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(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

TITLE **PD** ☐ Delete  
NAME **GONZALEZ, NILTON**  
STREET ADDRESS **10917 SW 75TH ST**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **SVD** ☒ Delete  
NAME **PRIETO, DEREK**  
STREET ADDRESS **8265 S.W. 112TH ST**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVD** ☐ Change ☒ Addition  
NAME **Gonzalez, Elcira**  
STREET ADDRESS **10917 SW 75 ST**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 REQUIREMENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NILTON GONZALEZ**

**4-08-2003**

**(305) 271-4234**

Date

Daytime Phone #

CR2E034 (10/02)