

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90047 008 \*\*\*150.00

2015031 AVI

**DOCUMENT # P01000110139**

1. Entity Name  
**ZACARIAS REAL ESTATE INVESTMENTS, INC.**



Principal Place of Business  
**11919 SW 130TH STREET Ste 100  
MIAMI FL 33186**

Mailing Address  
**11919 SW 130TH STREET ste. 100  
MIAMI FL 33186**

**30006048**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
**ste. 100**

3. Mailing Address  
Suite, Apt. #, etc.  
**ste. 100**

City & State

Zip Country

4. FEI Number **65-1153360**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**A&P REGISTERED AGEN, INC.  
2450 SW 137TH AVE., SUITE 226  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **M Lourdes Solares**

Street Address (P.O. Box Number is Not Acceptable)  
**8510 SW 167 Terrace**

City **Miami** FL Zip Code **33157**

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 *M Lourdes Solares*, **M Lourdes Solares**,  
January 10, 2003

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOLARES, MANUEL Z 11919 SW 130TH STREET Ste. 100 MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *M Lourdes Solares*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 10, 2003 (305) 234-7851  
Date Daytime Phone #

CR2E034 (10/02)