

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91356 007 ***150.00

DOCUMENT # P01000111540



1. Entity Name
Z-E TEX. CORP.

Principal Place of Business
**2588 SW 27TH AVENUE
MIAMI FL 33133**

Mailing Address
**2588 SW 27TH AVENUE
MIAMI FL 33133**



2. Principal Place of Business
12815 NW 45 AVE
Suite, Apt. #, etc.

3. Mailing Address
12815 NW 45 AVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
OPA LOCKA, FL

City & State
OPA LOCKA, FL

4. FEI Number
65-1156273

Applied For
 Not Applicable

Zip
33054

Country
USA

Zip
33054

Country
USA

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

**GARCIA, ANTONIO
2588 SW 27TH AVENUE
MIAMI FL 33133**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME ZARUR, JORGE	
STREET ADDRESS 8855 COLLINS AVE. APT. 4G	1155 BRICKELL BAY
CITY-ST-ZIP SURFSIDE FL 33154	MIAMI, FL 33131
TITLE SD	<input type="checkbox"/> Delete
NAME ELIAS, JORGE E	
STREET ADDRESS 8855 COLLINS AVE. APT. 4G	701 BRICKELL KEY
CITY-ST-ZIP SURFSIDE FL 33154	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 12815 NW 45 AVE	
CITY-ST-ZIP OPA LOCKA, FL 33054	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 12815 NW 45 AVE	
CITY-ST-ZIP OPA LOCKA, FL 33054	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROGELIO REQUARDO ELIAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2003 (305) 769-0202 x105
Date Daytime Phone #

CR2E034 (10/02)