

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90276 021 \*\*\*150.00

DOCUMENT # P02000067453

1. Entity Name  
KOLAPZO DESIGN, INC.



Principal Place of Business  
7135 WEST 3RD COURT  
HIALEAH FL 33014

Mailing Address  
7135 WEST 3RD COURT  
HIALEAH FL 33014

55038800



2. Principal Place of Business  
7135W 3RDCOURT  
Suite, Apt. #, etc.

3. Mailing Address  
7135W 3RDCOURT  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
HIALEAH FL  
Zip  
33014  
Country

City & State  
HIALEAH FL  
Zip  
33014  
Country

4. FEI Number  
04-3690952

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ZAMBRANO, STANLEY M  
2915 SHIPPING AVENUE  
COCONUT GROVE FL 33133

## 7. Name and Address of New Registered Agent

Name  
ZAMBRANO STANLEY  
Street Address (P.O. Box Number is Not Acceptable)  
7135 W 3RD COURT  
City  
HIALEAH FL Zip Code  
33014

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 NAME STREET ADDRESS CITY-ST-ZIP	P ZAMBRANO, STANLEY M 2915 SHIPPING AVENUE COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARNICA, CLAUDIA 2915 SHIPPING AVENUE COCONUT GROVE FL 33133	<input checked="" 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	P ZAMBRANO STANLEY 7135 W 3RD COURT HIALEAH FL 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLATNIZ TABBARA 7135 W 3RD COURT HIALEAH FL 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14-03

Date

Daytime Phone #

CR2E034 (10/02)