


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 90391 034 ***150.00

DOCUMENT # **P02000076229**
1. Entity Name
Zoning and Code Consultants, Inc.



DO NOT WRITE IN THIS SPACE

11039438

2. Principal Place of Business 2333 Ponce de Leon Blvd. Suite, Apt. #, etc. PH 1120		3. Mailing Address same Suite, Apt. #, etc.		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Coral Gables, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33134	Country U.S.A.	Zip	Country		

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7. Name and Address of Current Registered Agent	
Name	AGUDO, MARCELO M. ESQ
Street Address (P.O. Box Number is Not Acceptable)	2333 Ponce de Leon Blvd.
	P.H 1120
City	CORAL GABLES FL
	Zip Code 33134

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 **MARCELO M AGUDO** DATE **4/27/03**

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

<p>January 1 - May 1 Fee is \$160.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARCELO M. AGUDO 2333 Ponce de Leon Blvd PH1120 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MARCELO M AGUDO** DATE **4/27/03** DAYTIME PHONE # **305 448 4747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)