

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90062 033 ***550.00

0070956
AV

DOCUMENT # P02000094208

1. Entity Name
ZUMA ENTERPRISE INT'L CORP.



Principal Place of Business
**4913 SW 35 TERR
FT LAUDERDALE FL 33312**

Mailing Address
**4913 SW 35 TERR
FT LAUDERDALE FL 33312**



2. Principal Place of Business
2274 W. 80 ST

3. Mailing Address
2274 W. 80 ST

Suite, Apt. #, etc.
BAY 1

Suite, Apt. #, etc.
BAY 1

City & State
HIALEAH, FLORIDA

City & State
HIALEAH, FLORIDA

4. FEI Number
55-0794175

Applied For
 Not Applicable

Zip
33016

Country
DADE

Zip
33016

Country
DADE

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDOZA, ZULEIKA
4913 SW 35 TERR
FT LAUDERDALE FL 33312**

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]*

ZULEIKA MENDOZA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 Delete
NAME **DPVS**
STREET ADDRESS **MENDOZA, ZULEIKA**
CITY-ST-ZIP **4913 SW 35 TERR
FT LAUDERDALE FL 33312**

TITLE Change Addition
NAME **MENDOZA, ZULEIKA**
STREET ADDRESS **2274 W. 80 ST. BAY 1**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Delete
NAME **T**
STREET ADDRESS **MENDOZA, ZULEIKA**
CITY-ST-ZIP **4913 SW 35 TERR
FT. LAUDERDALE FL 33312**

TITLE Change Addition
NAME **T**
STREET ADDRESS **2274 W. 80 ST. BAY 1**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/10/03**

Daytime Phone # **705.362.2519**

CR2E034 (4/03)