FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118557

1. Entity Name

ZEBOR FINANCIAL, CORP.

FILED

03 OCT 24 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
141 N.E. 3RD AVE	141 N.E. 3RD AVE
Suite, Apt. #, etc.: SUITE: 406	Suite, Apt. #, etc.: SUITE: 406
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33132 Country: US	Zip: 33132 Country: US

4. FEI Number ☑ Applied For ☐ Not Applicable

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

MRS

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JIRMA ZEBEDE

Street Address (P.O. Box Number is Not Acceptable): 141 N.E. 3RD AVE SUITE: 406

City: MIAMI FL Zip Code: 33132

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: Jirma Zebede 10/23/03

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	(PD) LUIS A. MARTINEZ 141 N.E. 3RD AVE SUITE: 406 MIAMI, FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) MOISES ZEBEDE 141 N.E. 3RD AVE SUITE: 406 MIAMI, FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

900024389939
11/03/03--01105--001 **150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Luis A Martinez 10/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #