

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # 02000120964

1. Entity Name

ZTRONICS USA Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6538 COLLINS AVENUE

3. Mailing Address
6538 COLLINS AVENUE

Suite, Apt. #, etc.
261

Suite, Apt. #, etc.
261

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
55-0805361

Applied For
Not Applicable

Zip
33141

Country

Zip
33141

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN ZINGALE

Street Address (P.O. Box Number is Not Acceptable)
6538 COLLINS AVENUE #261

City
MIAMI BEACH

FL

Zip Code
33141

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  JOHN ZINGALE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-20-04

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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
JOHN ZINGALE
6538 COLLINS AVENUE # 261
MIAMI BEACH, FL. 33141

TITLE
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STREET ADDRESS
CITY-ST-ZIP

000027894930

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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:  JOHN ZINGALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-368-7114
Daytime Phone #