

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

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90145 048 \*\*\*150.00

**DOCUMENT #** p02000 120964

**1. Entity Name**

ZTRONICS

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6538 COLLINS AVENUE

Suite, Apt. #, etc.

261

**City & State**  
MIAMI BEACH, FL

**Zip**  
33141

**Country**

**3. Mailing Address**

6538 COLLINS AVENUE

Suite, Apt. #, etc.

261

**City & State**  
MIAMI BEACH, FL

**Zip**  
33141

**Country**

**4. FEI Number**

55-0805361

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

40023003

**DO NOT WRITE  
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

1/15/2005

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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRES</b> JOHN ZINGALE 6538 COLLINS AVENUE # 261 MIAMI BEACH FL 33141
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**

**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* **JOHN ZINGALE**

**Date**

**786-317-8168**

**Daytime Phone #**