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

## **DOCUMENT #**

P02000122330

1. Entity Nar

ZEAL FL

ORAL INC.	02000122000	
ce of Business	Mailing Address	

**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91325 005 \*\*\*150.00

Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131								
2. Principal P	lace of Busine	ss 3	. Mailing Addres	s			1 ( <b>05</b> 14 <b>00</b> 1 111 <b>03</b> 11 <b>0</b> 45 <b>0</b> 31 <b>30</b> 111 <b>00</b>	<b>           </b>		<b>00</b> 11101 <b>00</b> 01 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			┪	CHECK HERE IF MAKING CHANGES				
City & State			City & State			5	5-045 1930			pplied For	
Zip		Country	Zip	try	5. Ce				3.75 Additional e Required		
	6. Name a	and Address of Current Reg	istered Agent			7. Na	ame and Address of New Re				
	KELL KEY D	PORATE ADMINISTRATION RIVE SUITE 0-305	I INC		Name Street Address	s (P.O. Bo	x Number is Not Acceptable)	)			
					City		·······	FL	Zip Co	de	
	ions of register	submits this statement for the red agent.			ed office or regist			rida. I am fan	niliar with	, and accept	
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of Sta	,				9. Election Campaign Fina Trust Fund Contribution	n.	Adde	00 May Be d to Fees	
10.	<u> </u>	OFFICERS AND DIR		11.	<del> </del>	ADD	DITIONS/CHANGES TO OFFI				
NAME STREET ADDRESS CITY-ST-ZIP	D SAMPER, E 520 BRICK MIAMI FL 3	ELL KEY DRIVE SUITE 0-	□ Dele <b>305</b>	NAM Stre				Ł	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, B 520 BRICK MIAMI FL 3	ell key drive suite 0-	☐ Dele	NAM Stre				C	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDE 520 BRICK MIAMI FL 3	ELL KEY DRIVE SUITE 0-	☐ Dele	NAM Stre				Ξ	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		UAN ANTONIO ELL KEY DRIVE SUITE 0- 13131	☐ Dete	NAM! STRE	<b>(</b>				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Dele	NAMI STRE				С	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	á.		☐ Dele	NAMI STRE CITY	ET ADDRESS -ST-ZIP	0	19 07/2Vi) Florida Statutos I		_ Change	Addition	

Interest certify that the information supplied with this 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:**