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

## May 02, 2003 8:00 am Secretary of State DOCUMENT # P02000126149 05-02-2003 90119 041 \*\*\*155.00 1. Entity Name ZOOMGLOBAL, CORP. Principal Place of Business Mailing Address \*AAAADOT9 1122 WEST JACKSON ST. 1122 WEST JACKSON ST. ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 05-055510 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCINTYRE, ORESTES Street Address (P.O. Box Number is Not Acceptable) 1122 WEST JACKSON ST. ORLANDO FL 32805 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. BO GONG V-Che, FDEV-OF Change TITLE TITLE ☐ Delete NAME 1122 W. JACKSON St NAME MCINTYRE, ORESTES STREET ADDRESS STREET ADDRESS 1122 WEST JACKSON ST. Orlando Flonda 32855 CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32805 ED RENTAS V. Chief Achorded Change TITLE Delete TITLE **VD** 1122 W TACKSONS+ NAME NAME SKUNDA, DALE STREET ADDRESS STREET ADDRESS 1812 DELEWARE AVE. Orlando Florida. 32855 CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769 TITLE ☐ Delete Change ■ Addition TITLE - - -VDanisti satur. NAME NAME BOOKER, VINCENT STREET ADDRESS STREET ADDRESS 14139 COLONIAL GRAND BLVD., #1504 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL TITLE ☐ Defete TITLE ☐ Change ■ Addition VD NAME NAME vasquez, Gilbert STREET ADDRESS STREET ADDRESS 4232 SAWYER CIR. CITY-ST-ZIP CITY-ST-71P ST. CLOUD FL 34772 TITLE ☐ Delete TITLE ☐ Change Addition VD. NAME NAME GIL, PEDRO STREET ADDRESS STREET ADDRESS 12111 CUBED CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITE F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 w

SIGNATURE: