

DOCUMENT # P33742

1. Entity Name

ZAPATA CLOSURES, INC.

FILED

00 MAY 15 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2699 S. BAYSHORE DRIVE  
PENTHOUSE B  
COCONUT GROVE FL 33133  
US

2699 S. BAYSHORE DRIVE  
PENTHOUSE B  
COCONUT GROVE FL 33133-5428  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2699 S Bayshore Drive

3. Mailing Address  
2699 S Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse B

Penthouse B

City & State  
Coconut Grove FL

City & State  
Coconut Grove FL

4. FEI Number  
13-3147913

Applied For  
Not Applicable

Zip  
33133

Country  
US

Zip  
33133

Country  
US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZDAY, SALOMON J  
2699 S. BAYSHORE DRIVE  
PENTHOUSE B  
MIAMI FL 33133

Name  
Milagros Laguna  
Street Address (P.O. Box Number is Not Acceptable)  
2699 S. Bayshore Drive  
Penthouse B  
City Coconut Grove FL Zip Code 33133

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPATA-AKINCILAR, HERNAN 2699 S. BAYSHORE DRIVE, PENTHOUSE B COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Milagros Laguna 2699 S. Bayshore Drive- Penthouse B Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TORRES, RAYMOND 2699 S. BAYSHORE DRIVE, PENTHOUSE B COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAZDAY, SALOMON JR 2699 S. BAYSHORE DRIVE, PENTHOUSE B COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003271081-5 -05/30/00-0139-001 ****211.25****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hernan Zapata-Akincilar, Director

5-11-00

Date

(305)856-8804

Customer Phone #